



OFFICE OF THE MEDICAL EXAMINER

2825 E. District Street • Tucson, Arizona 85714 • 520-724-8600 • Fax: 520-724-8610

## **Application Instructions (Please Read Prior to Completing Application)**

Please accept our sincerest condolences concerning the loss of your loved one. You will find the four page Pima County Indigent Interment Program (IIP) Assistance Application following this cover page. A fully completed, signed and submitted application with supporting documents are required to consider your application for interment assistance. Please contact our IIP coordinator if you have any questions concerning the application process.

### **Submitting the application**

The fully completed and signed application may be submitted to the IIP coordinator via email, mail, fax or in person.

Lorenia Ton  
Pima County Indigent Interment Coordinator  
Pima County Office of the Medical Examiner  
2825 East District Street  
Tucson, Arizona 85714  
[Lorenia.Ton@pima.gov](mailto:Lorenia.Ton@pima.gov)  
520-724-8610 (f)  
520-724-8600 (p)

### **Signing the application**

The application must be **signed and notarized twice**. Once for certification of the application on page three (3) and once for certification of the affidavit on page four (4) of the attached application.

### **Required documents that must accompany the completed application**

- 1) Current bank statement(s)
- 2) Clear and legible copy of photo ID of applicant
- 3) Current pay stubs for household for the last thirty (30) days and/or;
- 4) Any other form of income documentation such as social security or public assistance statements



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**Indigent Interment Program Assistance Application**

Name of Decedent: \_\_\_\_\_

1. Applicant's Name: \_\_\_\_\_

2. Relationship to Decedent: \_\_\_\_\_

3. Birth date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

4. Residence Address: \_\_\_\_\_  
\_\_\_\_\_

5. Single  Divorced  Widow  Married  Separate

6. List All Dependents & Ages \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Income for the Last Three Months: \_\_\_\_\_

Source: \_\_\_\_\_

Monthly Amount: \_\_\_\_\_ Date Last Received: \_\_\_\_\_

Source: \_\_\_\_\_

Monthly Amount: \_\_\_\_\_ Date Last Received: \_\_\_\_\_

8. Have you ever received Social Security Disability Benefits and or SSI benefits?

Yes  No  - If yes: Date: \_\_\_\_\_ City/County: \_\_\_\_\_

9. Have you ever previously applied for or received Aid? (Food Stamps, AFDC, AHCCCS, General Assistance, etc?) Yes  No

If Yes:

Date, Eligibility Site, Worker: \_\_\_\_\_

Plan: \_\_\_\_\_ Amount: \_\_\_\_\_



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**10. Do you own or are you in the process of buying any real estate?**

Yes  No

If Yes, what/when: \_\_\_\_\_

Location \_\_\_\_\_

Use (own/home/rental) \_\_\_\_\_

Amount Owed: \_\_\_\_\_ Co-Owners: \_\_\_\_\_

**11. Do you pay?**

	Yes	No	Amount
Rent	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mortgage	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water/Sewer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Garbage	<input type="checkbox"/>	<input type="checkbox"/>	_____
Room and Board	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medical Expenses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

**12. Name of Landlord:** \_\_\_\_\_

Address of Landlord: \_\_\_\_\_

Phone #: \_\_\_\_\_

**13. Do you own any of the following personal property?**

Cash: \$ \_\_\_\_\_

Checking Account: \$ \_\_\_\_\_

Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Location: \_\_\_\_\_

Savings Account: \$ \_\_\_\_\_

Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Location: \_\_\_\_\_

Stocks/Bonds (shares and company/amounts and names)  
\_\_\_\_\_  
\_\_\_\_\_



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**CERTIFICATION**

**I declare under penalty of perjury that the foregoing statement of fact is true and correct.**

**I understand that each statement is subject to investigation and verification that proof is required for each statement and my signature constitutes authorization for such investigation.**

Applicant's Name (Please Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND SWORN to me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
Notary Public



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**Affidavit for Indigent Interment**

STATE OF ARIZONA)

) ss

COUNTY OF PIMA )

\_\_\_\_\_ being sworn, states:

1. Affiant is related to \_\_\_\_\_ who died on or about \_\_\_\_\_, 20\_\_\_\_, and that the relationship is as the \_\_\_\_\_ of the decedent.
2. Affiant is aware of the need to provide for interment of the decedent; Affiant lacks sufficient means to pay for the interment.
3. Affiant has been advised that he or she may have a statutory duty to make the final disposition arrangements and that failure to do so may result in civil penalties up to two times the actual cost of interment, and/or the prosecution of criminal misdemeanor charges.
4. Affiant has read and understands the description of a county interment service.
5. Affiant supports \_\_\_\_\_ other person(s) besides himself/herself.
6. Affiant is employed by \_\_\_\_\_ as \_\_\_\_\_.
7. Affiant's total net monthly family income from all sources is \$ \_\_\_\_\_.
8. Affiant has funds on deposit in checking and/or savings accounts in affiant's name, jointly or individually as follows: \_\_\_\_\_.
9. Affiant requests that final disposition arrangements be arranged by Pima County and understands that remains will be interred at the Pima County Cemetery unless other arrangements are made.

\_\_\_\_\_  
Affiant Name (Please Print)

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
Notary Public