



## **APPLICATION FOR PAUPER DISPOSITION**

**Gregg County Health Department  
405 East Marshall Avenue  
Longview, TX 75601  
Fax: 903.309-4905**

Interview times are Monday through Friday  
8:00-11:00 a.m. & 1:00-4:00 p.m.

No Appointments are Necessary

Application for benefits must be made *in person* with a Case Worker.

**Meredith Beebe (903) 237-2624 Christine Tyler (903) 237-2623**

### **Application Process:**

You must be interviewed by one of our caseworkers to determine eligibility

If you have any questions after reading this entire sheet, please call one  
of the Case Workers for assistance.

### **Please present the following information at the time of application interview:**

- ☐ Proof of residence in Gregg County (utility bill, lease agreement, mortgage statement)
- ☐ Proof of income of decedent *and* next of kin – minimum of 6 weeks of income prior to date of death (tax return, check stubs, award letter from SSA, retirement statements, unemployment, VA, child support, etc.)
- ☐ *Bank checking and/or savings account transaction list(s)* – date range 6 weeks prior to the date of application interview
- ☐ Proof of resources (life insurance policy, houses, autos, 401K, etc.) that are accessible to the decedent
- ☐ Any and all documents that decedent pertaining to the time of their passing (Last Will and Testament, handwritten requests, etc.)



**APPLICATION FOR PAUPER DISPOSITION**  
**Gregg County Health Department**

The undersigned hereby makes application for **cremation** at Gregg County's expense for the body of

\_\_\_\_\_, and warrants that the information provided is true and correct.

**NAME, ADDRESS, AND TELEPHONE NUMBER OF APPLICANT(S):**

NAME: \_\_\_\_\_

ADDRESS, CITY, STATE, ZIP: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**IDENTIFICATION OF DECEDENT(S):**

FULL LEGAL NAME: \_\_\_\_\_

ADDRESS WHILE LIVING: \_\_\_\_\_

\_\_\_\_\_

SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE: \_\_\_\_\_

DOB: \_\_\_\_\_ DOD: \_\_\_\_\_ SS#: \_\_\_\_\_

MILITARY: \_\_\_\_\_

**RELATIONSHIP OF APPLICANT(S) TO DECEDENT (CIRCLE ONE):**

1. The decedent's surviving *spouse*
2. The decedent's surviving *adult child/children*\*+
3. The decedent's surviving *parent(s)*
4. The decedent's adult *sibling(s)*
5. Other: \_\_\_\_\_

APPLICANT UNDERSTANDS AND AGREES THAT GREGG COUNTY HAS COMPLETE DISCRETION REGARDING THE METHOD OF DISPOSITION OF THE BODY BY CREMATION.

APPLICANT REQUESTS AND AUTHORIZES GREGG COUNTY TO INTER THE BODY OF THE DECEDENT WITHOUT FURTHER NOTICE TO THE APPLICANT.

**APPLICANT WARRANTS AND REPRESENTS THAT:**

1. Did the Decedent work or have a job prior to his/her death? \_\_\_\_\_
2. Name of Company \_\_\_\_\_ Amount of Salary/income \_\_\_\_\_
3. Life Insurance \_\_\_\_\_ Name of Company \_\_\_\_\_  
Burial Insurance \_\_\_\_\_ Name of Company \_\_\_\_\_  
Amount \_\_\_\_\_

**REGULAR BENEFITS, INCOME, ETC; RECEIVED BY THE DECEASED**

Name of Source _____	How Often _____	Amount _____
Name of Source _____	How Often _____	Amount _____
Name of Source _____	How Often _____	Amount _____

**INFORMATION:** Please provide any information you may be aware of as to the decedent's religious affiliations, or Veterans status:

**DECEDENT'S: INCOME / RESOURCES**

- A. Savings/Checking Account \_\_\_\_\_ Bank Information \_\_\_\_\_
- B. Cash \_\_\_\_\_ Source \_\_\_\_\_
- C. Go Fund Me Account \_\_\_\_\_ Amount \_\_\_\_\_
- D. Property \_\_\_\_\_ Value \_\_\_\_\_
- E. Vehicles, Trailers, Boats, etc. \_\_\_\_\_ Make/Model \_\_\_\_\_ Value \_\_\_\_\_
- F. 401 (K), Pension Funds \_\_\_\_\_ Amount \_\_\_\_\_ Company \_\_\_\_\_

❖ IF APPLICANT FAILS TO MAKE A GOOD FAITH EFFORT TO REVEAL INFORMATION ABOUT THE SURVIVING RELATIVES RESOURCES, THE COUNTY RESERVES THE RIGHT TO "DISALLOW" (DENY) THE APPLICATION ON THE GROUNDS OF INNSUFFICIENT INFORMATION SUPPLIED TO DETERMINE "PAUPER" STATUS OF THE DECEASED.

## Gregg County Pauper Disposition Acknowledgement

I, \_\_\_\_\_ am applying for financial assistance with a Pauper Cremation.

The deceased, \_\_\_\_\_ is my \_\_\_\_\_ and has no money, financial assets or life insurance to cover the expense.

- Deceased was a resident of Gregg County
- Deceased died in Gregg County
- Deceased will be at a licensed Gregg County Funeral Establishment
- Cremation will be provided by a licensed Gregg County Funeral Establishment
- Financial assistance for a Pauper Cremation is not a supplement

I, \_\_\_\_\_ also do not have the financial resources or means to pay for this expense.

I understand by submitting the Application and signing this Acknowledgement that intentionally withholding any information from Gregg County can result in criminal or civil charges being filed against me. I acknowledge that I have received my own copy of the Gregg County Guidelines and Fraud Policy (included in the Application paperwork).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

(Seal)

\_\_\_\_\_  
My Commission Expires