



**OFFICE OF THE
PUBLIC ADMINISTRATOR**
JACKSON COUNTY COURTHOUSE
 415 EAST 12TH STREET, ROOM 400
 KANSAS CITY, MISSOURI 64106

(816) 881-3775
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Email: indigentburial@jacksongov.org

John Pruitt Killian
 Public Administrator

Application for Indigent Cremation

1. Information Regarding Deceased:

Name: _____ Date of Death: _____ Social Security No.: _____

Date of Birth: _____ Last Residence: _____

Married at Death (Yes / No) Location of the Body: _____

Next of Kin:

Name	Relation	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Deceased's Assets:

List any Real or Personal Property owned by the Deceased, including any bank accounts or accounts at other financial institutions:

Deceased's insurance and funeral plan: _____

Will Deceased have a funeral ceremony? If so, state funeral home: _____

3. Information Regarding Applicant:

Name: _____ Address: _____ Telephone No.: _____

Email: _____ Date of Birth: _____ Relation to Deceased: _____

State your source of income and monthly amount:

4. Complete if Applicant is a Funeral Home:

Have you attempted to locate the Deceased's family member or other next-of-kin and been unable to locate any, and are therefore applying for County Cremation on the Deceased's behalf? **Yes / No**

Name of Funeral Home: _____ Telephone No.: _____

Address: _____

By signing this Application, you are affirming that you are "next-of-kin" to the Deceased as defined by §194.119 RSMo. and give consent to the cremation of the Deceased's body. Your signature acknowledges that the information on this Application is true and accurate to the best of your knowledge and belief subject to the penalties of making a false affidavit or declaration.

Date: _____ Time: _____

Applicant Signature

PAO Use Only

Check Probate Record _____ (initial) Date: _____

Application Approved _____ Denied _____ By _____ (initial) Date: _____

Form Revised: 4/6/2022