



CORONER DIVISION

Jamie Scardina, Sheriff - Coroner
Marin County Sheriff's Office
1600 Los Gamos Drive, Suite 205, San Rafael, CA 94903
Phone: 415-473-6043 Fax: 415-473-6048

INDIGENT DISPOSITION PACKET

INSTRUCTIONS FOR COMPLETING

REQUEST TO MARIN COUNTY SHERIFF - CORONER

FOR DISPOSITION OF

UNCLAIMED / INDIGENT HUMAN REMAINS

THIS PACKET IS TO BE COMPLETED IN THE FOLLOWING INSTANCES:

When requesting the Marin County Sheriff - Coroner to take custody of human remains (including fetal remains of 20 weeks uterogestation or more), which are unclaimed/indigent pursuant to Health and Safety Code Section 7104.

THIS PACKET CONTAINS:

1. One copy of "Disposition Packet Instructions"
2. One copy of "Disposition Packet Cover Letter" form
3. One copy of "Application for Indigent Disposition" form

INSTRUCTIONS:

GENERAL INFORMATION: Before you may request the Coroner to take custody of a decedent's remains, because the decedent is indigent or unclaimed, you must satisfy certain legal requirements.

The instructions and forms in this packet are designed to help you satisfy those requirements and ensure your request is handled properly and without unnecessary delay. Your cooperation in fully completing these forms and following the instructions attached to this packet will further ensure your request is processed promptly.

DIPOSITION PACKET COVER LETTER FORM: This form serves as a cover letter when requesting the Coroner to accept indigent or unclaimed remains. It must be completed and attached to all other forms and documents on each request submitted to the Coroner.

DECEDENT AND NEXT OF KIN INFORMATION FORM: This form asks you to provide information on the decedent, to list all known next of kin and to document your efforts to locate next of kin to take responsibility of disposition of the remains. In order to satisfy your requirement to comply with California Health and Safety Code Section 7104 (H&S 7104), you must make a diligent search for next of kin and if they are located, make them aware that pursuant to California Health and Safety Code Section 7100, they not only have the right to control the disposition of the decedent, but, they also have a duty and the liability to pay the costs of disposition.

Disposition Instructions

DECEDENT AND NEXT OF KIN INFORMATION FORM (cont.)

The intended purpose of this diligent search, of course, is to hopefully locate next of kin who will assume their proper legal responsibilities. If this is accomplished, there is no need for the Coroner to be involved.

You must document your efforts, however, to locate next of kin by making clear and detailed notes on this form. For example:

On 12/10/2016 at 4:10 PM - I telephoned Bill Jones (510-555-1212), the decedent's landlord. Jones said the decedent had lived alone for 6 years. He had never heard the decedent speak of any relatives or friends.

or you might say...

On 7/1/2016 at 4:10 PM - I telephoned Bill Jones (510-555-1212), the decedent's landlord. Jones said the decedent had a brother in Oakland named ???, who can be reached at 510-111-5555.

On 7/6/2016 at 4:30 PM - I telephoned (510-111-5555) the decedent's brother named ???. ??? said he is the only living relative of the decedent and he is too poor to pay for his brother's funeral. I told him that he would need to come to the hospital and complete a simple financial statement form.

On 7/12/2016 at 8:50 PM - The decedent's brother ??? came to my office and completed the "Financial Statement of Next of Kin" form.

California Health and Safety Code Section 7103 (H&S 7103) states, in part, that it is a crime for any person upon whom the duty of interment falls, to fail to perform the duty. It also states that anyone failing to perform the duty of interment is **liable** to pay the person performing the duty, **three times the expenses** incurred for making the interment.

If you are unable to keep the decedent's remains while you are making your diligent search for next of kin, you may need to make arrangements with a mortuary to store the remains until your diligent search is done. If you choose to have the remains stored by a mortuary, however, the cost of that storage must be paid by your facility and is **NOT TO BE PAID FROM THE DECEDENT'S TRUST ACCOUNT OR OTHER ASSETS**.

FINANCIAL STATEMENT OF NEXT OF KIN: This form is necessary **ONLY** when next of kin is located and claim they are financially unable to pay the cost of disposition. If that happens, you should instruct them to come to your office and complete the "Financial Statement of Next of Kin" form. Although you can mail the form to them, it is best to help them complete it. If next of kin are too poor to pay for the cost of disposition, the law may exempt them from that legal responsibility if they can show proof that they cannot afford it.

WHAT TO DO WHEN YOU HAVE COMPLETED YOUR DILIGENT SEARCH FOR NEXT OF KIN!

If, after making a diligent search, you cannot locate any next of kin or after locating next of kin, they are either unwilling or financially unable to act, you may request the Coroner of the county where the decedent resided at the time of death, to take possession of the remains pursuant to H&S 7104.

It is important to note that the law does not allow you to request the Marin County Sheriff - Coroner to take possession of unclaimed remains if the decedent is a resident of another county. In such cases, you must contact the Coroner in the county of residence. Examples are instances where the decedent resided outside the County where the death occurred and was only in the County where the death occurred for healthcare services.

DISPOSITION INSTRUCTIONS

If you request the Marin County Sheriff - Coroner to take possession of the unclaimed remains, then the following steps must be taken before the decedent will be removed from your facility or from the mortuary you may have selected to provide you with temporary storage:

1. The original “**Disposition Packet Cover Letter**” must be completed and attached to all other documents submitted to the Coroner.
2. The original “**Application for Indigent Disposition**” form must be fully completed and signed by the person who is accepting responsibility for the diligent search.
3. If the decedent is to be removed by the Coroner, you must have identified the physician who will “**complete the death certificate**” (or Fetal Death Certificate).
5. After making the request for removal to the Coroner, the entire “**PACKET**” along with the signing physician information must be FAXED or delivered to the Coroner for review. If the Coroner approves the “**PACKET**”, and the death certificate, then you will be advised of the removal date. If the “**PACKET**” is not approved, then you will be advised of what additional steps are necessary to make the case acceptable for removal.
6. **You must call and notify the County of Marin’s Public Administrators office of the death prior to contacting the Coroner. Their contact number is: 415-473-6151**

If you have any questions regarding the completion of Death Certificates and Permits, please contact the Marin County Vital Statistics Office at 415-473-6876.

If you have questions pertaining to the Indigent Disposition Program, please contact the Coroner Division of the Marin County Sheriff’s office at 415-473-6043.

DISPOSITION PACKET COVER LETTER
REQUEST TO
MARIN COUNTY SHERIFF – CORONER
FOR DISPOSITION OF UNCLAIMED HUMAN REMAINS

TO: Coroner Division Marin County Sheriff's Office 1600 Los Gamos Drive, Suite 205 San Rafael, CA 94903 PHONE: (415) 473-6043 FAX (415) 473-6048	FROM: _____ _____ _____ _____ Phone: _____
---	--

Request is hereby made to the Marin County Sheriff's Office, pursuant to California Health and Safety Code Section 7104, to remove the body of:

Decedent's Name: _____

From (location of decedent): _____

The following forms or documents are included in this packet:

- (Y / N) _____ - The original "Application for Indigent Disposition" form
- (Y / N) _____ - Supporting Financial Documents
- (Y / N) _____ - A completed Death Certificate (or Fetal Death Certificate if appropriate) signed by a physician, which has been filed with the health department

I certify that I have made a diligent effort to locate the decedent's next of kin, and if they were found, I made them aware of their responsibility for the proper disposition of their relative. I declare under penalty of perjury, pursuant to the laws of the State of California that the foregoing is true and correct.

Executed in _____, **on (date)** _____

_____ Print Name and Title	_____ Signature
--------------------------------------	---------------------------

DECEDENT and NEXT OF KIN INFORMATION

This form is intended to be completed by the person who is assuming responsibility for compliance with
Health and Safety Code Section 7104

1. BACKGROUND OF DECEDENT

Name: _____ Date Admitted to Your Facility: _____
Last First Middle

Date of Birth: _____ Time of Birth: _____ Place of Birth: _____
(if less than 24 hours)

Date of Death: _____ Time of Death: _____ Place of Death: _____

Residence at time of Death: _____ Zip: _____
(or last known residence)

Was decedent's prior residence outside Marin County? Yes _____ No _____ If so, which county? _____

Have you called that county for information? Yes _____ No _____ Results of inquiry: _____

Marital Status: _____ Was Decedent a Veteran?: Yes _____ No _____ Branch: _____

Employer (name and address): _____

Name of Conservator: _____ Phone No.: _____

Brief Narrative of Circumstances of Death (include which physician will sign the decedent's death certificate):

2. FINANCIAL STATUS of DECEDENT:

Name of Payee or Representative Payee Receiving Monthly Income: _____

Payee/Representative Payee's contact information (Phone / Address): _____

Monthly Income (\$): _____ Source: _____ Trust Balance (\$): _____ Will: Yes ___ No ___

Medicare #: _____ Medi-Cal #: _____ SS#: _____

Bank Name: _____ Branch: _____ Account No.: _____

List Personal Property at Facility: _____

3. EFFORTS MADE TO IDENTIFY AND CONTACT NEXT OF KIN: (Check those completed)

Interviewed person signing as responsible for decedent while in the facility _____ Interviewed Social Worker _____

Contacted county hospitals for information from old medical charts _____ Interviewed Visitors / Friends _____

Reviewed Decedent's Records / Medical Charts _____ Registrar of Voters Checked _____

Phone Books / Discs Checked _____ Notified the Public Administrator's Office _____

Other (See Page 1B for documentation of additional efforts to identify and contact next of kin)

Checked with Social Services _____ Checked with Public Guardian/Conservator _____

Checked at hospitals local to decedent's residence Info: _____

If decedent was at convalescent hospital less than four (4) months, where did they live before? _____

4. LIST IDENTIFIED NEXT OF KIN/FRIENDS: (Pursuant of H&S 7100, the right to control disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in, and the duty of interment and the liability for the cost of interment devolves upon the following next of kin in the other named: Any Spouse, Child, Parent, Brother/Sister, Niece/Nephew, Grandparent, 1st Cousin).

Name: _____ Relationship to Decedent: _____

Address: _____ Zip: _____ Phone: _____

Name: _____ Relationship to Decedent: _____

Address: _____ Zip: _____ Phone: _____

Name: _____ Relationship to Decedent: _____

Address: _____ Zip: _____ Phone: _____

Name: _____ Relationship to Decedent: _____

Address: _____ Zip: _____ Phone: _____

- Each next of kin listed must complete the "Financial Statement of Next of Kin" form if they claim to be financially unable to pay the cost of disposition

5. ADDITIONAL EFFORTS TO IDENTIFY AND CONTACT NEXT OF KIN/FRIENDS: (This section should be used to document your efforts to identify and contact next of kin). Each time you contact someone or attempt to contact someone, you should: 1. Note the date & time. 2. The name of the staff member who is making the contact. 3. Who you spoke with and the results of your contact or attempted contact. 4. Be certain to ask each of your contacts if they are aware of any relatives and if so, obtain their name, relationship, address and phone number. 5. Always ask each of your contacts for information, which may help you complete the death certificate. 6. If more space is needed, you may copy this page.

I certify that I have made a diligent effort to locate the decedent's next of kin and that there are no known next of kin other than those listed above. I declare under penalty of perjury, pursuant to the laws of the State of California that the foregoing is true and correct.

Executed in _____, on (date) _____

Print Name and Title

Signature

Application for Indigent Disposition Program

Deceased Information (Proof of Income Must Be Attached)

Decedent:

Veteran: Yes _____ No _____ Branch (if applicable): _____

Name _____ Social Security # _____

Address _____

Date of Birth _____ Place of Birth _____

Age _____ Marital Status _____ Race _____

Date of Death _____ Time of Death _____

Place of Death Type: Private Residence _____ Health Care Facility (Name) _____

Address of Death _____

Name of Father _____ Place of Birth _____

Name of Mother _____ Place of Birth _____

Decedent's Financial Statement:

Decedent Receiving Financial Assistance From (monthly amount):

SSI or SSP (\$) _____ AFDC (\$) _____ Food Stamps (\$) _____

County Relief, General Relief (GR), or General Assistance (GA) _____

Decedent's Occupation _____ Monthly Income (\$) _____

Other Source of Income _____ Monthly Amount (\$) _____

Social Security (\$ month) _____ Veteran (\$ month) _____

Pension (\$ month) _____

Savings - Yes _____ No _____ Balance (\$) _____ Financial Institution Name _____

Checking - Yes _____ No _____ Balance (\$) _____ Financial Institution Name _____

Investments - Yes _____ No _____ Balance (\$) _____ Financial Institution Name _____

Investments - Yes _____ No _____ Balance (\$) _____ Financial Institution Name _____

Investments - Yes _____ No _____ Balance (\$) _____ Financial Institution Name _____

Decedent's Real Property:

Own Property - Yes _____ No _____ Monthly Payment (\$) _____

Property Location _____

Rent Property - Yes _____ No _____ Monthly Payment (\$) _____

Own Vehicles - Yes _____ No _____

Make _____ Model _____ Year _____ Monthly Payment (\$) _____

Make _____ Model _____ Year _____ Monthly Payment (\$) _____

Make _____ Model _____ Year _____ Monthly Payment (\$) _____

Decedent's Other Assets:

List Type and Value _____

Life Insurance - Yes _____ No _____ Company _____

Policy # _____ Value _____ Payee upon death _____

Next of Kin:

Name _____ Relationship _____ Phone Number _____

Address _____

Last Date of Contact With _____

Name _____ Relationship _____ Phone Number _____

Address _____

Last Date of Contact With _____

Name _____ Relationship _____ Phone Number _____

Address _____

Last Date of Contact With _____

Name _____ Relationship _____ Phone Number _____

Address _____

Last Date of Contact With _____

Name _____ Relationship _____ Phone Number _____

Address _____

Last Date of Contact With _____

**Financial Statement of Next of Kin (NOK)
(Proof of Income Must Be Attached)**

Name of Decedent _____ Relation to Decedent _____

NOK Name _____ Social Security # _____

Address _____ Telephone # _____

Date of Birth _____ Place of Birth _____ Age _____

Marital Status _____ Race _____ Number of Dependents _____

NOK Receiving Financial Assistance From (Y or N; if Y then list amount) -

SSI or SSP _____ AFDC _____ Food Stamps _____

County Relief, General Relief (GR), or General Assistance (GA) _____

Occupation _____ Monthly Income (\$) _____

Other Source of Income _____ Monthly Amount (\$) _____

Social Security (\$ month) _____ Veteran (\$ month) _____ Pension (\$ month) _____

Savings - Yes _____ No _____ Balance (\$) _____ Financial Institution Name _____

Checking - Yes _____ No _____ Balance (\$) _____ Financial Institution Name _____

Investments - Yes _____ No _____ Balance (\$) _____ Financial Institution Name _____

Investments - Yes _____ No _____ Balance (\$) _____ Financial Institution Name _____

Investments - Yes _____ No _____ Balance (\$) _____ Financial Institution Name _____

NOK Own Property - Yes _____ No _____

Monthly Payment (\$) _____ Mortgage Company _____ Approximate Value _____

Balance Owed _____ Property Location _____

NOK Rent Property - Yes _____ No _____ Monthly Payment (\$) _____

NOK Own Vehicles - Yes _____ No _____

Make _____ Model _____ Year _____ Monthly Payment (\$) _____

Make _____ Model _____ Year _____ Monthly Payment (\$) _____

Make _____ Model _____ Year _____ Monthly Payment (\$) _____

NOK Other Assets:

List Type and Value _____

NOK Payee of Decedent Life Insurance - Yes _____ No _____ Policy # _____ Value _____

Additional Information

I do not have the means for disposition and am unable to contact anyone for means of assistance. Under these circumstances I hereby request services to be provided through the County of Marin Indigent Disposition Program if I am deemed qualified. I acknowledge I will not receive the cremains/remains of the decedent at the conclusion of the disposition unless I reimburse the County of Marin for the cost of services provided.

Date _____ Applicant _____

COUNTY USE ONLY

Approved (Y / N) _____ Date Approved / Denied _____

Reviewed by _____ County Repaid (Y / N / Date) _____