



Board of County Commissioners

Ben Hill County, Georgia

402 A East Pine Street
Fitzgerald, Georgia 31750
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www.benhillcounty.com

Steve Taylor, Chairman

Daniel Cowan, Vice-Chairman
Bennie Calloway, Member
John W. Mooney, Member
Hope Harmon, Member

Michael Dinnerman, County Manager
Donna Prather, County Clerk
Tony Rowell, County Attorney
Tim Kegebein, Road Superintendent

Ben Hill County Board of Commissioners Administrative Policy Indigent Burials Assistance Program

Purpose: The Indigent Burials Assistance Program is to provide assistance for an individual that dies in Ben Hill County. Assistance will be provided to applicants who meet the program criteria. An approval process can take up to 2 business days to complete.

Qualifications: In order to qualify for the Indigent Burials Assistance Program an applicant must meet the following criteria:

- An applicant must have died in Ben Hill County.
- An applicant should not possess a Life Insurance Policy and/or have any income or financial resources.

Approval Process: In order to approve an application for the Indigent Burials Assistance Program the following criteria must be met:

- The County Clerk will obtain all applications and determine if an applicant qualifies for assistance.
- The County Clerk will contact the next of kin of the deceased to verify there are no additional financial resources available to cover costs associated with the burial and/or cremation.
- Upon meeting the eligibility requirements, the County Clerk will provide the decedent's family with a choice to proceed with a burial and/or cremation.
- For the selection of a burial, the County Clerk will determine if the family has identified a Funeral Home. The County Clerk will contact the Funeral Home upon receipt of an application to verify approval or denial of application.
- Services **cannot be held** for the decedent before the approval process is completed.
- All burial and /or cremation allocated costs is \$600.00. Once the funeral home has agreed to take the amount allocated for burial and/or cremation, the family **does not owe any more money**.

Process for Payment Reimbursement:

- All original invoices must be submitted to the County Clerk within 10 days of the approval for services.
- A payment will be distributed to the funeral home within **7 to 10 business days** once an invoice is received by the County Clerk.
- All invoices should be taken to:

Ben Hill County Board of Commissioners Office

Attn: Donna R. Prather
402 A East pine Street
Fitzgerald, GA 31750

ELIGIBILITY CRITERIA (circle yes or no)

Receiving Veteran's Benefit	yes	no	(if yes, refer to funeral home)
Victim of a crime	yes	no	(if yes, refer to District Attorney's Office)
Ben Hill County Resident	yes	no	
State Inmate	yes	no	(if yes, Department of Corrections may reimburse)
Any Life Insurance	yes	no	_____

APPLICANT'S INFORMATION

Name: _____ Address: _____

Telephone Number: _____ Relationship to Deceased: _____

Applicant's Signature: _____ Email: _____

COMPLETED BY FUNERAL HOME

I, _____, of (Funeral Home) _____
 (Address & Telephone Number) _____ have attempted
 to locate family members and/or friends of the deceased and have been unable to locate any. Therefore, in lieu thereof, I
 am applying for County Burial on behalf of the deceased.

AFFIDAVIT OF INDIGENCY

I, _____, on behalf of the deceased, being duly sworn, say:

I hereby certify that the information I have provided on this financial disclosure and application form is true and accurate to the best of my knowledge. I hereby certify that the estate of the deceased person is insufficient to pay the cost of interment.

Applicant's Signature

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public {Seal}

My Commission Expires: _____

FOR INTERNAL USE ONLY

Received by: _____ Date: _____

Application Approved _____ or Denied _____ By: _____ Date: _____

State of Georgia,
Ben Hill County.

**AFFIDAVIT OF FUNERAL HOME DIRECTOR
INDIGENT DISPOSITION APPLICATION/AGREEMENT**

I, _____ (“Affiant”), on behalf of _____ (“Funeral Home”), being first
duly sworn, do depose and state that:

1) I am a duly licensed funeral director of the Funeral Home, located at:
_____.

2) As the funeral director, I am responsible for all aspects of the burial or cremation of the deceased including the funeral
arrangements and the funeral rites.

3) The family of the deceased has either failed to take possession of the deceased’s remains or there is no family to claim the remains
and the remains have been left with the Funeral Home for a period of, at least, _____ days.

4) Neither the Funeral Home nor I have received any type of compensation for cremation and/or burial services of the remains
associated with the Decedent and the Funeral Home has made an application to Ben Hill County, Georgia, for an indigent burial.

5) The Funeral Home understands that if the application is approved, the Funeral Home shall receive only \$600.00 from Ben Hill
County, Georgia, for the burial costs for the deceased.

6) In the event that Funeral Home receives any funds from any source toward payment for or reimbursement of the burial costs for the
deceased, Ben Hill County, Georgia, will be reimbursed from such funds received.

7) To the best of Affiant's knowledge, Decedent died an indigent resident of Ben Hill County, Georgia, and qualifies for indigent
disposition pursuant to applicable policy of Ben Hill County.

**AFFIANT CERTIFIES THAT HE/SHE HAS READ AND UNDERSTANDS THE TRUTH AND COMPLETENESS OF THE
STATEMENTS HEREIN AND UNDERSTANDS AND ACKNOWLEDGES THESE STATEMENTS ARE FOR THE
EXPRESS PURPOSE OF INDUCING BEN HILL COUNTY, GEORGIA, TO PAY FOR INDIGENT DISPOSITION
SERVICES PROVIDED BY THE FUNERAL HOME AND UNDERSTANDS THAT ANYONE WHO FURNISHES FALSE
OR MISLEADING INFORMATION MAY BE SUBJECT TO CRIMINAL PROSECUTION AND/OR CIVIL LIABILITY.**

Further Affiant sayeth naught.

Affiant’s Signature

Sworn to and subscribed before me
this ____ day of _____, 20 ____.

NOTARY _____ County, Georgia
My commission expires: _____

{ AFFIX NOTARY SEAL HERE }

State of Georgia,
Ben Hill County.

**AFFIDAVIT OF NEXT OF KIN
INDIGENT DISPOSITION APPLICATION/AGREEMENT**

I, _____, ("Affiant"), as next of kin or the person with knowledge of Decedent, being first duly sworn, do depose and state that:

1) Affiant's relationship to Decedent is _____ (i.e., parent, sibling, close friend, etc.).

2) Decedent died resident of Ben Hill County, Georgia, having an address of:

3) To the best of Affiant's knowledge, neither the funeral director nor the funeral home has received any compensation, either directly or indirectly, in any form, for the cremation or burial of the Decedent.

4) To the best of Affiant's knowledge, the Decedent is indigent and has no real or personal property, employment benefits, pensions, annuities, social security, unemployment compensation, inheritances, insurance, or other assets.

5) If it is found that Affiant is an heir of Decedent, Affiant agrees to reimburse Ben Hill County, Georgia, for disposition expenses, if it is determined that the Decedent died owning assets, property, and/or insurance sufficient to cover the expenses for the cremation/burial of Decedent.

6) Affiant hereby consents to the disposition of Decedent's remains by ___cremation or ___burial. (Initial one)

AFFIANT CERTIFIES THAT HE/SHE HAS READ AND UNDERSTANDS THE TRUTH AND COMPLETENESS OF THE STATEMENTS HEREIN AND UNDERSTANDS AND ACKNOWLEDGES THESE STATEMENTS ARE FOR THE EXPRESS PURPOSE OF INDUCING BEN HILL COUNTY, GEORGIA, TO PAY FOR INDIGENT DISPOSITION SERVICES PROVIDED BY THE FUNERAL HOME AND UNDERSTANDS THAT ANYONE WHO FURNISHES FALSE OR MISLEADING INFORMATION MAY BE SUBJECT TO CRIMINAL PROSECUTION AND/OR CIVIL LIABILITY.

Further affiant sayeth naught.

Affiant's Signature

Sworn to and subscribed before me
this ____ day of _____, 20 ____

NOTARY _____ County, Georgia

My commission expires: _____

{ AFFIX NOTARY SEAL HERE }