City of Toledo Indigent Information

Date:	Гіте:	Funeral Director Phone #:		
Funeral Director:		Funeral Director Fax #:		
Address:				
Name of Deceased:				
D.O.B	D.O.D	Age:		
Address (Deceased):				
Next of Kin:				
Address (Next of Kin):				
Telephone Number (Next of Kin)):			
Family will accept cremains:		Is deceased a Veteran?		

CITY OF TOLEDO MUNICIPAL CEMETERIES OFFICE 2201 OTTAWA PARKWAY TOLEDO, OHIO 43606 (419) 936-3081

EXHIBIT A INDIGENT DISPOSITION AGREEMENT AFFIDAVIT OF FUNERAL HOME DIRECTOR

I, _	(the "Affiant"), being first duly sworn, do		
depose and	(Please Print)		
1)	I am a duly licensed funeral director of ("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)	If the family does not claim the cremains within a reasonable period, the cremains shall be left with the funeral home for a period of 12 months. After this 12-month time period, arrangements shall be made between the Funeral home and the City of Toledo to inter the cremains at Forest Cemetery		
4)	This Affidavit of Funeral Director is provided in accordance with a certain Indigent Disposition Agreement of even date herewith for the cremation and/or burial of cremains of (the "Decedent").		
5)	Neither the Affiant nor the Funeral Home has received any type of compensation for cremation and/or burial of cremains services associated with the Decedent.		
6)	To the best of Affiant's knowledge, Decedent died an indigent resident of the City of Toledo and qualifies for indigent disposition pursuant to Ohio Revised Code and Toledo Municipal Code.		
7)	AFFIANT CERTIFIES 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 THE CITY OF TOLEDO TO PAY FOR INDIGENT DISPOSITION SERVICES PROVIDED BY THE FUNERAL HOME AND UNDERSTANDS THAT ANYONE WHO FURNISHES FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL PROSECUTION AND/OR CIVIL LIABILITY.		
Further Affi	ant sayeth naught.		
	(Signature)		
	orn to before me and subscribed in my presence this day of,		

NOTARY PUBLIC

[Rev. 1/28/2011]

CITY OF TOLEDO MUNICIPAL CEMETERIES OFFICE 2201 OTTAWA PARKWAY TOLEDO, OHIO 43606

(419) 936-3081

EXHIBIT B

INDIGENT DISPOSITION AGREEMENT AFFIDAVIT OF NEXT OF KIN/PERSON WITH KNOWLEDGE OF DECEDENT

STATE OF () ss:			
COUNTY O	F LUCAS)			
I,	(Please Print)	e "Affiant"), as next of kin or the person		
	(Please Print) edge of decedent,	(the "Decedent") hains first duly		
	pose and state that:	(the "Decedent"), being first duly		
1)	Affication alation alies to Decedent in			
1)	(i.e	e., brother, mother, close friend, etc.)		
2)	Decedent died a resident of the City of	Toledo, having an address of:		
	Proof of residency of the city of Tole	do attached.		
3)	To the best of Affiant's knowledge, neither the funeral director nor the			
	funeral home has received any compensation, either directly or indirectly,			
45	in any form, for the cremation of the D			
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			
	assets.	ii, inneritances, insurance, or other		
5)	Affiant agrees to reimburse the City of	f Toledo for disposition expenses if		
- /	it is determined that the Decedent di			
	insurance sufficient to cover the De			
	burial expenses.			
6)	Affiant hereby consents to the cremation of Decedent and burial			
	of Decedent cremains. (Initial one or both)			
7)	AFFIANT CERTIFIES HE/SHE HAS READ AND UNDERSTANDS THE TRUTH			
	AND COMPLETENESS OF THE STATEM			
	AND ACKNOWLEDGES THESE STATI PURPOSE OF INDUCING THE CITY OF			
	DISPOSITION SERVICES AND UNDI			
	FURNISHES FALSE OR MISLEADING INF			
	PROSECUTION AND/OR CIVIL LIABILIT			
Further Affian	nt sayeth naught.			
C		ignature)		
SWOII	t to belote the and subscribed in my pres	ence this day of,		
[Rev. 1/28/2011]	\overline{N}	OTARY PUBLIC		

CITY OF TOLEDO MUNICIPAL CEMETERIES OFFICE 2201 OTTAWA PARKWAY TOLEDO, OHIO 43606 (419) 936-3081

INDIGENT DISPOSITION AGREEMENT

This INDIGENT DISPOSITION AGREEMENT (20 by and among, the City of Toledo, through its 2201 Ottawa Parkway, Toledo, Ohio 43606, and located at, Toledo, Oh	"Agreement") is made this day of Cemeteries Office ("Cemeteries Office") located at ("Funeral Home") nio.
WHEREAS, the City of Toledo and the Funeral Funeral Home shall provide cremation for the decement Municipal Code.	Home desire to enter this Agreement by which the dent pursuant to Ohio Revised Code and Toledo
Now, THEREFORE, for and in consideration of other good and valuable consideration, the receipt and Parties agree as follows:	of the mutual promises hereinafter set forth, and for I sufficiency of which is hereby acknowledged the
consideration of Funeral Home providing profession, deceased, where the City of Toledo. Such services shall be in accommunicipal Code and the established rules and regular the services is conditioned upon the Cemeteries of Funeral Home Director, a copy of which is attached as Exhibit "I certificate, and proof of residency of the City of time it is determined by the Cemeteries Office to resident of the City of Toledo upon death; or received any form of compensation for profession decedent, this agreement shall terminate and Fund Office for reimbursement in full for any payment. The decedent's cremains shall be returned to the decedent or buried as cremains and otherwise in accommunication.	to has been identified as an indigent resident of cordance with the Ohio Revised Code, Toledo alations of the Cemeteries Office. Payment for Office receipt of a properly-executed Affidavit ached as Exhibit "A" and an Affidavit of Next 3" and an invoice, death certificate, cremation Toledo (of the deceased). In the event at any that the decedent was not indigent, was not at the Funeral Home, its agents or employees, and services provided to or on behalf of the neral Home shall be liable to the Cemeteries Funeral Home has received per this agreement.
executed as of the day and year first above written.	nuscu uns muigent Disposition Agreement to be
CITY OF TOLEDO MUNICIPAL CEMETERIES OFFICE:	FUNERAL HOME
Ву:	By: (Signature) (Please Print) Funeral Director
Date:	License No
[Rev. 3/12/13]	