



City of Tiffin

51 E. Market St.
Tiffin, Ohio 44883

City of Tiffin Indigent Burial and/or Cremation Payment Application

Updated October 2022

Name of the Deceased	Date of Birth	Date of Interment
Address (at time of death)	Place of Interment	
City, State, Zip Code		

The undersigned funeral director hereby makes application on behalf of themselves and all other persons for burial and/or cremation payment from the Indigent Burial Fund of the City of Tiffin for the above named deceased person.

List of outside contributions for the above named deceased:

Provider	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Total Outside Contributions (TOC) =

Please note: Total Outside Contributions cannot exceed amount of City Payment for indigent burial and/or cremation.

Formula for the City payment of indigent burial and/or cremation:

TOC (not to exceed \$1,000.00) + City Payment (maximum \$1,000.00) = Total charges for all burial and/or cremation costs (maximum \$2,000.00)

TOC	+	City Payment	=	Total Charge

The undersigned hereby declares that they have investigated the assets and circumstances of the deceased and have determined that the deceased named above is an indigent, the deceased was a legal resident of the City of Tiffin, Ohio at their death, the deceased was not an inmate of a correctional, benevolent, or charitable institution of this state, and the body was not claimed by any person for private interment or cremation at the person's expense, or delivered for the purpose of medical or surgical study or dissection pursuant to law.

The undersigned also, hereby states that the foregoing is a true and correct statement of the total burial and/or cremation charges and total outside contributions toward such burial and/or cremation charges:

Name of Funeral Firm (type or print)	Federal Identification No.
Mailing Street Address	City, State and Zip
Signature of Firm Representative	Date of Signature

Authorization:

I have authorized the funeral director, whose signature appears hereon, to perform the necessary services and supply the necessary items and materials to provide a decent burial and/or cremation for the above named person. The charges are, to the best of my knowledge, correct and according to the arrangements requested.

Signature of Authorization	Relationship to Deceased
Address	City, State and Zip Code

Please include the following attachments:

- Signed copy of bill stating services rendered
- Copy of death certificate
- Copy of an unexpired ID issued by the US government or the State of Ohio that contains the deceased's name and current address, **or** copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document

The **original** of this form and above mentioned attachments are to be sent or otherwise delivered to:

Mayor's Office
 City of Tiffin
 51 East Market St.
 Tiffin, OH 44883

For questions or additional information, email cityoftiffin@tiffinohio.gov or call (419) 448-5401