

LEON COUNTY INDIGENT BURIAL NEXT OF KIN STATEMENT

Name _____

Relationship to Deceased _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

Are you aware of any relative who could assume responsibility for the Deceased?

Yes _____ No _____ If yes, please provide the following information:

Name _____

Relationship to Deceased _____

Address _____

City _____ State _____ Zip _____

Phone _____

I, _____, authorize Leon County to bury/cremate the body of _____ consistent with County burial/cremation procedures and practices. I do not claim the body of _____. I agree to indemnify and hold the County from all claims, damages, liabilities, or suits of any nature whatsoever arising out of, because of, or due to the burial/cremation, including but not limited to costs and a reasonable attorney's fee. The County may, at its sole option, defend itself or allow the undersigned to provide the defense.

Signature

Date

Before me this day _____ of _____, 2011 personally appeared _____.

Personally Known or _____ Produced Identification: _____

Notary Signature _____

Seal