

☐ CREMATION ☐ BURIAL

## **Clark County Social Service Referral Form**

This form is only to be used for:

A decedent, in which, next of kin have been located; however, none are willing and/or able to pay for burial or cremation services. A summary of our contacts and our attempts to identify a pay source are outlined below. We have determined there is no pay source for cremation or burial services and request Clark County Social Service assistance per RFQ 603273.

We request Clark County Social Service	e:				
$\hfill\Box$ sign the order authorizing the burial	or cremat	ion of the remains			
$\hfill\Box$ reimburse for burial or cremation se	rvices.				
Provider: C		Contact Po	erson:	Phone:	
Deceased: Sex: [		] M			
Address: Date of		rth:	Birthplace:		
Date of Death: Location of Death:				SSN:	
Marital Status: Single Married	Separa	ted Widowed D	ivorced Date/Year:	Ethnicity:	
Religious Preference:		Last Emplo	yer:		_Union □Yes □ No
Coroner case:	PA/PG	G Case: Body Ba	g Used: 🔲 🛮 Oversi:	zed Casket Needed 🗌	]
Surviving Spouse:			Address:		
Phone:					
Parent/Legal Guardian:					
Phone:					
Other Family Members:			Number of people in immediate family or household:		
Name:		Relationship:	Addr	ess:	Phone:
Detailed efforts to identify a pay source:					
713					
Household Income: (Examples; Wages, So	ocial Secur	ity, Pension, Veterans, T	ANF)		
Decedent: (Source/Amount)	recedent: (Source/Amount)  Spouse: (Source/Amount)		Child(ren): (Source/Amount)		mount)
Military service: No Yes If yes, Branch: Serial #:					
VA Claim #:		D214: Attached			
Va		Decedent's Life Insurance:		Spouse Life Insurance:	
		Company:		Company:	
		Value:		Cash Value:	
		Beneficiary		Beneficiary	
Bank/Financial Institution: (401K, San		ecking, Trust, etc.)	Property Owned:		
Name: Type:			Address:	Clair 7'	
Account Number: Balance:		:	City:	State	e: Zip:
Other:					
By signing, I acknowledge that the state belief:	ements co	ntained in this Unclaim	ed/Abandoned Body L	etter are true to the bes	st of my knowledge and
Mortuary Representative Signatu	ıre:			Date:	

THIS REFERRAL REQUEST FORM MUST BE FILLED OUT COMPLETELY