

APPLICATION FOR INDIGENT BURIAL / CREMATION

FOR COMMUNITY SERVICES DIRECTORATE, CITY PARK'S DEPARTMENT USE:

Ward no:	
Sub-Council No:	

RECOMMENDATION FOR INDIGENT BURIAL / CREMATION (Part 3)

I, _____ official at _____

Recommend Do not recommend the granting of indigent status to the late (full name) _____
 _____ age _____ from address _____
 _____ who died on ____/____/____ (date) at _____ (place).

I have interviewed the applicant who stated that:
(Mark the applicable box or boxes)

- The family may appear in the Council's register of indigent.
- The deceased did not have an income greater than the State Old Age Pension or disability grant.
- There are no insurance or funeral policies or estate left by the deceased to pay for the burial.
- Other reason _____

Reason for rejection (if applicable): _____

Signed at (place) _____ on (dd / mm / yyyy) : _____

Signature : _____

CITY PARKS BOOKING CLERK / CITY PARKS AREA MANAGER / WARD COUNCILLOR / SUB-COUNCIL MANAGER
Tel no: _____ - _____

FOR CITY HEALTH DIRECTORATE OFFICE USE:

APPROVAL OF BURIAL / CREMATION (PART 4)

FAX TO: For attention: Manager Support Services, CITY HEALTH DIRECTORATE
FAX NO: 021 421 4894
TEL NO: 021 400 2103

Approved Not Approved

Signed at (place) _____ on (dd / mm / yyyy) : _____

Signature : _____

City Health Reference Number: _____