



THIRD PARTY DISPOSITION OF INDIGENT DECEASED APPLICATION

DECEASED INFORMATION

Full Name : _____
(FIRST MIDDLE LAST)

Date Of Birth : _____ / _____ / _____ Gender : Male Female

Address : _____

Date Of Death : _____ / _____ / _____

Social Security Number : _____ Name of Mortuary : _____

Marital Status : Single Married Divorce Widowed Separated

How long had the deceased previously resided in Cassia County?

From : _____ To : _____

U.S. Citizen : Yes No

Veteran : Yes No

Legal Alien : Yes No

Type of Discharge : _____

Other : _____

Does the Deceased have an interest in

Bank Accounts : Yes No

Real Estate : Yes No

Life Insurance Policy : Yes No

Retirement Accounts : Yes No

Vehicles : Yes No

Any other Assets : Yes No

Will there be a probate? : Yes No

Deceased Next of Kin

Name : _____ Phone Number : _____

Relationship : _____

Additional Notes : _____
/ Information _____

More Information :

📍 1459 Overland Ave RM 105

☎ 208-878-5240

🌐 <https://www.cassia.gov/SocialServices>

THIRD PARTY APPLICATION SUBMITTED BY

Name : _____

Relationship to Deceased : _____

Phone Number : _____