

BEFORE THE CIRCUIT COURT OF _____

APPLICATION TO REQUEST AUTHORIZATION FOR THE DISPOSITION OF A DECEASED HUMAN BODY

I, _____, hereinafter "Applicant," do hereby make application to the Circuit Court, requesting authorization for the final disposition (funeral and/or burial or cremation) of a deceased person, _____, hereinafter "Decedent," who died on _____. Specifically, my request is for _____.

Full Name

Decedent Full Name (F, M, L)

Date of Death

Type(s) of disposition

As the Applicant for such request, I will be responsible for filing any claims against the _____ or the Department of Health and Human Resources for burial benefits for the final disposition. Specifically, if granted authorization for the final disposition of the Decedent, the actual charges for such service(s) will be \$ _____ and I will seek compensation from _____ for the maximum allowable payment. The Circuit Court will not in any way be responsible for such payments.

Total charge for services

Entity who will be charged for services

Based on information provided by persons closely acquainted with the Decedent, I have reasonable belief that the Decedent has no living relatives or other persons who qualify as an Authorized Representative, pursuant to West Virginia Legislative Rule 6CSR1, §6-1-24 and 6CSR2, §6-2-23.

I have reasonable belief that the Decedent left no written instructions for final disposition of his/her body; and, there appears to be no living spouse or other living relatives; no living permanent legal guardian; and no person who is eligible to inherit the estate of the Decedent.

Narrative: Other circumstances of this case _____

The information I have provided in this application is true and accurate to the best of my knowledge.

Dated this _____ Day of _____, 200__.

Print Name

Funeral Home or Crematory

Signature

Mailing Address

Title

Street Address

Day Time Telephone

City, State, Postal Code