



Clark County Social Service

1600 Pinto Lane
Las Vegas, NV 89106

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:

sign the order authorizing the burial or cremation of the remains

reimburse for burial or cremation services.

Provider: _____ Contact Person: _____ Phone: _____

Deceased: _____ Sex: M F Alias: _____

Address: _____ Date of Birth: _____ Birthplace: _____

Date of Death: _____ Location of Death: _____ SSN: _____

Marital Status: Single Married Separated Widowed Divorced Date/Year: _____ Ethnicity: _____

Religious Preference: _____ Last Employer: _____ Union Yes No

Coroner case: PA/PG Case: Body Bag Used: Oversized Casket Needed

Surviving Spouse: _____

Address: _____

Phone: _____

Parent/Legal Guardian: _____

Address: _____

Phone: _____

Other Family Members:

Number of people in immediate family or household: _____

Name:	Relationship:	Address:	Phone:

Detailed efforts to identify a pay source:

Household Income: (Examples; Wages, Social Security, Pension, Veterans, TANF)

Decedent: (Source/Amount)	Spouse: (Source/Amount)	Child(ren): (Source/Amount)

Military service: No Yes If yes, Branch: _____ Serial #: _____

VA Claim #: _____ DD214: Attached Requested

Pre-Need Plan (Mortuary/Cemetery Coverage)	Decedent's Life Insurance:	Spouse Life Insurance:
	Company:	Company:
	Value:	Cash Value:
	Beneficiary	Beneficiary

Bank/Financial Institution: (401K, Savings, Checking, Trust, etc.)	Property Owned:
Name: _____ Type: _____	Address: _____
Account Number: _____ Balance: _____	City: _____ State: _____ Zip: _____
Other: _____	

By signing, I acknowledge that the statements contained in this Unclaimed/Abandoned Body Letter are true to the best of my knowledge and belief:

Mortuary Representative Signature: _____ Date: _____

THIS REFERRAL REQUEST FORM MUST BE FILLED OUT COMPLETELY

Submit via email at CCSSburialscremation@clarkcountynv.gov or fax (702) 868-2509

3/2/2015