

**RESPONSIBLE PARTY/APPLICANT AFFIDAVIT**

**AFFIDAVIT OF INDIGENT STATUS AND ACKNOWLEDGMENT OF  
CONDITIONS OF ELIGIBILITY FOR THE WILLIAMSON COUNTY  
INDIGENT CREMATION OR ANATOMICAL GIFT PROGRAM**

Upon my oath, I swear that there are no known resources available from any individual, organization or entity, to include life insurance benefits, real property, cash, bank accounts, social security benefits, etc., to provide for the disposition of the remains of the aforementioned deceased, identified by name as \_\_\_\_\_. I swear that the deceased was a resident of Williamson County who resided at \_\_\_\_\_. The date of death of the deceased was \_\_\_\_\_. I further attest that I understand the Williamson County policy that the family/survivors or others may not pay for additional services. I understand and agree that in the event any funds become available in the future, I will reimburse Williamson County the expense incurred for the funeral arrangements provided for the aforementioned deceased.

\_\_\_\_\_  
Signature of Responsible Party/Applicant

\_\_\_\_\_  
Date

Sworn to and subscribed before me the undersigned Notary Public, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_