



### LEON COUNTY INDIGENT BURIAL NEXT OF KIN STATEMENT

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Are you aware of ant other relative who could assume responsibility for the deceased?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the following information:

Name: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, authorize Leon County to bury the body of \_\_\_\_\_ consistent with County burial procedures and practices. I do not claim the body of \_\_\_\_\_

I agree to indemnify and hold the County from all claims, damages, liabilities, or suits of any nature whatsoever arising out of, because of, or due to the burial, including but not limited to costs and a reasonable attorney's fee. The county, may at its sole option, defend itself or allow the undersigned to provide the defense.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date