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## **Jewish Community Burial Program Guidelines**

Jewish Family Service of Los Angeles administers this program with support from the Jewish Federation. This program is made possible through the generosity of the cemeteries and mortuaries.

**Purpose of the Program:** The Jewish Community Burial Program provides a free burial in the Jewish tradition to indigent members of the Los Angeles Jewish community whose families are also very low income. Cemeteries and mortuaries participate on a rotation basis. This program is to be used as a last resort after all family resources (including extended family) have been explored.

**Qualifications:** We recognize that burials are expensive and paying for a burial may feel cost-prohibitive. However, this program is limited to community members/families who are very low income. The decedent, the surviving spouse, children, and parents of the deceased must be at Medi-Cal levels. Please note, siblings and other applicants may also be screened. Prior to filling out the program's paperwork, all relevant resources must be explored.

The application process includes financial proof for all relatives.

**Initial Screening:** A brief phone screening will take place to determine if you meet the criteria. If the initial screening indicates that the family/individual may qualify, a full application will be sent to you to be completed.

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**Application:** The comprehensive application includes the following:

1. Decedent Application
2. Internment Authorization
3. Responsibility of Relatives for Burial
4. Supplemental Financial Form(s) for surviving spouse, children, and parents and the required back up documentation
5. Supplemental Financial Form(s) for applicant and siblings as requested and the required back up documentation

**What the Program Provides:** The program covers the costs associated with the mortuary and burial of the deceased. Our mortuary and burial services are performed in accordance with Jewish tradition. The program does not provide a rabbi or a gravesite marker. Burial includes both in-ground and crypts. Please note a crypt burial may be the only option available. The cemetery, cemetery location, burial plot, or crypt location are assigned based on a rotation among participating funeral service providers.

Once the full application and necessary documentation has been submitted, the Jewish Free Burial committee will review the documents, and you will be contacted with a final decision. All applications are reviewed as quickly as possible.

# Decedent Application

## **Information concerning deceased person**

*Please fill out the following fields with information concerning the deceased person.*

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

Date and Place of Death: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Father's Name and Country of Birth: \_\_\_\_\_

Mother's Maiden Name and Country of Birth: \_\_\_\_\_

At the time of death, was the deceased:  Single  Widowed  Divorced  Married

If married, please provide the name, address, and phone number of the deceased's spouse:

\_\_\_\_\_

## **Resources of deceased**

*Please fill out the following fields with details concerning the deceased person:*

Was the deceased on Medi-Cal?  Yes  No

*If the deceased was on Medi-Cal, please provide a copy of the card.*

Did the deceased rent an apartment or own a home?  Rented  Owned

If the deceased rented an apartment, how much did they pay in rent per month? \_\_\_\_\_

Income at time of death: \_\_\_\_\_

Source(s) of income: \_\_\_\_\_

Value of life insurance (if applicable): \_\_\_\_\_

Please list outstanding debts and unusual expenses:

\_\_\_\_\_

Other assets: \_\_\_\_\_

## **Burial Plan**

Describe existing burial plan: \_\_\_\_\_

\_\_\_\_\_

Owns grave:  Yes  No Where: \_\_\_\_\_

Please fill in cause of death if known: \_\_\_\_\_

**Verified Surviving Spouse, Children, and Parents**

	Name	Relationship	Form submitted (yes/no)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

To be eligible for the Jewish Community Burial Program, all family resource options must have been explored. Have all possible extended family resources been explored?

Yes       No

**Any pertinent information which is incorrect or omitted regarding the family's ability to pay, will result in the family's being liable for the total cost of the burial.**

## Internment Authorization

You are hereby authorized and instructed to arrange for the burial and remains of:

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Through the Jewish Community Burial Program of Jewish Family Service of Los Angeles.

I hereby certify that I am:

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(relative) of the above-named person and a person legally authorized to make disposition of the remains.

I hereby agree to protect Jewish Family Service of Los Angeles from any claims or demands from any other relative of the said decedent.

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Signature

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Date

## Responsibility of Relatives for Burial

Section 7100, California Health and Safety Code

The duty of internment of a deceased person and the liability for the reasonable cost of internment of his/her remains depends upon the following in the order of names:

- a) Surviving spouse;
- b) Surviving children of the decedent;
- c) Surviving parents;
- d) Surviving brothers and sisters;
- e) Other relatives of the decedent in the order in which, under the laws of California, they are entitled to succeed to the estate of the decedent.

I/we, the undersigned next of kin, within the meaning of the above mentioned law,

of \_\_\_\_\_

who died on \_\_\_\_\_ represent to Jewish Family Service of Los Angeles

that we do not have the necessary funds to pay for the mortuary and cemetery of the said

decedent and cannot obtain the same. Since Jewish Family Service of Los Angeles is the agency

chosen by the Jewish Community of Los Angeles to administer its public funds for the burial in

cases of real need, we realize that a misrepresentation as to the indigency in this matter will make

us personally liable to Jewish Family Service of Los Angeles.

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Signature

Date

Relationship

## Supplemental Financial Form

Please have any surviving **spouse, parents, and children** complete and sign their own form. A separate form is required for each person. Without this information, we will be unable to process your request.

Name of surviving relative: \_\_\_\_\_

Relationship to deceased:  Spouse  Parent  Child  Other: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

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

Current income: \_\_\_\_\_

Source(s) of income: \_\_\_\_\_

Amount in savings: \_\_\_\_\_

Are you on Medi-Cal?  Yes  No

*If you are on Medi-Cal, please provide a copy of the card.*

Do you rent an apartment/house or own a home?  Rent  Own

How much do you pay in rent or mortgage each month? \_\_\_\_\_

Do you own real estate other than your home?  Yes  No

Automobile: Make and Year \_\_\_\_\_ Legal owner?  Yes  No

Value of life insurance (if applicable): \_\_\_\_\_

Are you married?  Yes  No

If yes, what is your spouse's current income? \_\_\_\_\_

What is your spouse's source(s) of income? \_\_\_\_\_

Do you have any dependents?  Yes  No

Please list number of dependents and ages: \_\_\_\_\_

Please list any unusual expenses or outstanding debts:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature and Date

Please attach the following:

Copy of Medi-Cal card OR

Most recent tax return and bank statements

## **Jewish Community Burial Program Checklist**

Please make sure that you have completed, attached, and submitted the following:

- Decedent Application
- Internment Authorization
- Responsibility of Relatives for Burial
- Most recent tax return & bank statement of deceased OR a copy of their Medi-Cal card
- Supplemental Financial Forms for spouse, parents, and children (and applicant and siblings if requested) and back up documentation