

Updated 2016

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MILITARY VETERAN
YES NO

APPLICATION FOR PAYMENT OF PAUPER'S FUNERAL

Jimmy Williams
Name of Deceased Address
6-16-1957 XXX-XX-3643 TX
Date of Birth Social Security # Driver's License # (State)

I, the undersigned, hereby state that I was related to the deceased Jimmy Williams as (Relationship) Niece. I further state that neither the deceased nor any person responsible for the deceased had any assets such as money, bank accounts, investments, insurance, property or any such assets other than those listed below, which are applied to the cost of the funeral.

LIST OF ASSETS OWNED BY DECEASED, OR PERSON RESPONSIBLE FOR DECEASED:
MONEY \$ 0 CHECKING ACCOUNT \$ 0 BANK \$ 0
PROPERTY (Home) \$ 0 AUTO \$ 0 OTHER \$ 0
INSURANCE \$ 0 SOCIAL SECURITY FOR BURIAL \$ 0
OTHER ASSETS \$ 0 TOTAL ASSETS \$ 0

I hereby make application to the Commissioners' Court of Titus County that payment be made for the funeral, less any assets as listed above:

Brenda Williams 9/10/2019
APPLICANT FOR DECEASED DATE

SUBSCRIBED AND SWORN BEFORE ME, a Notary Public in and for Titus County, Texas on this the 10 day of Sept, 2019.

[Signature]
NOTARY PUBLIC

(TO BE COMPLETED BY FUNERAL HOME)

I understand that in order to qualify for a Pauper's Funeral, the **total cost of services** for the deceased **will not exceed \$950.00**. I further understand that if payment is made in any amount, whether by family, friends, church, other organizations, etc., such payment will disqualify this Application for consideration of payment by the Titus County Commissioners' Court.

Therefore, I, (Owner/Representative) J.C. White of (Funeral Home) J.C. White Funeral & Cremation Services hereby submit an itemized statement for services of deceased Jimmy Williams and certify that such statement for \$950.00 represents the entire cost for services rendered.

9/10/19 J.C. White
DATE OWNER/REPRESENTATIVE OF FUNERAL HOME

SUBSCRIBED AND SWORN BEFORE ME, a Notary Public in and for Titus County, Texas on this the 10 day of Sept, 2019.

[Signature]
NOTARY PUBLIC

Approved by Commissioners' Court YES NO
[Signature]

A. CHARGES FOR SERVICES, FACILITIES, & TRANSPORTATION:

Basic Services of Funeral	
Director/Staff & Overhead	\$ 0
Embalming	\$
Other Preparation of Body:	
Reconstructive Restoration	\$
Dressing & Casketing Remains	\$
Refrigeration	\$
Use of facilities & staff for viewing (visitation/wake)	\$
Use of facilities & staff for funeral ceremony	\$
Funeral Services & Staff at other facility	\$
Use of facilities & staff for graveside services	\$
Transfer of remains to funeral home	\$
Funeral Coach (Hearse)	\$
Funeral Sedan	\$
Family Car(s)..... () ea.	\$
Pallbearers Car	\$
Service Vehicle or Flower Car	\$
Transfer to or from Common Carrier	\$
Transfer to or from Crematory	\$
Transfer to or from Place of Autopsy	\$
Service Mileage	\$ 0
TOTAL SERVICES, FACILITIES, & TRANSPORTATION	\$ 0

B. CHARGES FOR MERCHANDISE:

Casket (Description)	\$ 0
Alternative Container (Description)	\$
Outer Burial container (Description)	\$
Memorial Book (s)	\$
Acknowledgement Cards	\$
Prayer Cards	\$
Air Tray	\$
Crucifix	\$
Clothing	\$
Cremation urn	\$
Grave Marker #	\$
Other merchandise:	\$
	\$
	\$
TOTAL OF MERCHANDISE	\$ 0

Charges are made only for items that are used. If the type of funeral selected requires extra items, we will explain the reason for the extra items in writing on this memorandum.

If any law or cemetery or crematory requirement has required the purchase of any of the items listed above in the statement of funeral goods and services selected. The law or requirement is explained below:

Reason for Embalming _____
 Cemetery Requirement _____
 Crematory Requirement _____
 Other: _____

C. SPECIAL CHARGES:

Forwarding of Remains to Another Funeral Home	\$
Receiving of Remains from Another Funeral Home	\$
Immediate burial	\$ 950.00
Direct cremation	\$
TOTAL OF SPECIAL CHARGES	\$ 950.00

D. CASH ADVANCED (To Third Parties)

(Certain charges may be estimated and if such estimates are given, a written statement of the actual charges will be provided before the final bill is paid.)

Medical Examiner's Permit	\$ 0
Cemetery Charges	\$
Overtime Charge	\$
Escort(s)	\$
Cremation Fee	\$
Packing/Shipping (Cremains)	\$
Clergy (Honorarium)	\$
Vocalist	\$
Organist	\$
Airlines (estimate)	\$
Flowers - ()	\$
Obituary Notice (estimate)	\$
Programs - ()	\$
Telephone and Telegraph	\$
Fax	\$
Certified copies of death certificates:	
at \$	\$
Others	\$
	\$
	\$
	\$
TOTAL OF CASH ADVANCED	\$ 0

SUMMARY OF CHARGES:

A. Services, Facilities, & Transportation	\$
B. Merchandise	\$
C. Special Charges	\$ 950.00
D. Cash Advanced	\$
TOTAL OF CHARGES	\$ 950.00

METHOD OF PAYMENT:

Credits/Discounts

	\$
	\$
	\$
Sub-Total	\$

Payment Received on Account:
 Cash \$ _____ Check \$ _____
 Unpaid Balance Due \$ _____
 Veteran's Administration Claim to be Filed: Yes ___ No ___ \$ _____

TERMS OF PAYMENT: This is a cash transaction. The undersigned jointly and severally agree to pay J.C. White Funeral & Cremation Services at Provider's address on or before _____ O'clock __m. __/__/20__ the balance due on this account as set forth above, plus the agreed value of such additional services, materials and cash advances as may be furnished by the J.C. White Funeral & Cremation Services. If the agreed payment date is on or before the date and time of the service set forth above, receipt by said Provider of the unpaid balance due is a condition precedent to said Provider's performance of the service, and provider will not provide the service if the unpaid balance due is not paid on the due date stated above, unless prior arrangements have been agreed upon before the above service date. If such payment is deferred, the time of deferment shall be no more than ___ days from the date of the service original due date. A late penalty of 1.5% per month (18% per year) will be assessed on the unpaid balance for materials and services.

Signature (1) [Signature]
 Buyer

Signature (2) _____
 Co-Buyer, if any

By: [Signature] 11143
 Signature of Licensed Funeral Director

Executed this 10 day of Sept, 20 19
 ACCEPTED FOR SELLER:



J.C. White
Funeral and Cremation Services

410 East 16th Street Mt. Pleasant, Texas 75455 Phone: 903-572-3911

FUNERAL ARRANGEMENT AGREEMENT

Jimmy Williams | 8/12/19 | NA | NA
Name of Decedent | Date of Death | Date & Time of Service | Place of Service

For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and subject to the terms and conditions set forth on the front of this agreement, the undersigned funeral home (hereinafter referred to as "Seller") hereby agrees to sell and provide, and the undersigned person or persons (hereinafter, whether one or more, referred to as "Purchaser") hereby agree(s) to purchase, for the funeral of the decedent named above, the funeral services and merchandise listed below in the Statement of Funeral Goods and Services Selected.

Charges are only for those items that you selected or that are required. If we are required by law or by cemetery or crematory to use any items, we will explain the reasons in writing below. If you selected a funeral which required embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as direct cremation or immediate burial. If we charge for embalming, we will explain why below.

If you have any complaint(s) on any area of our service, you may contact us at your convenience. If any of your complaints cannot be resolved, you may also contact the Texas Funeral Service Commission, P.O. Box 12217, Austin, TX 78711. Telephone Number 1-888-667-4881

A. CHARGES FOR SERVICES, FACILITIES, & TRANSPORTATION:

Basic Services of Funeral	
Director/Staff & Overhead	\$ 0
Embalming	\$
Other Preparation of Body:	
Reconstructive Restoration	\$
Dressing & Casketing Remains	\$
Refrigeration	\$
Use of facilities & staff for viewing (visitation/wake)	\$
Use of facilities & staff for funeral ceremony	\$
Funeral Services & Staff at other facility	\$
Use of facilities & staff for graveside services	\$
Transfer of remains to funeral home	\$
Funeral Coach (Hearse)	\$
Funeral Sedan	\$
Family Car(s)..... ()ea.	\$
Palbearers Car	\$
Service Vehicle or Flower Car	\$
Transfer to or from Common Carrier	\$
Transfer to or from Crematory	\$
Transfer to or from Place of Autopsy	\$
Service Mileage	\$ 0
TOTAL SERVICES, FACILITIES, & TRANSPORTATION	\$ 0

B. CHARGES FOR MERCHANDISE:

Casket (Description)	\$ 0
Alternative Container (Description)	\$
Outer Burial container (Description)	\$
Memorial Book (s)	\$
Acknowledgement Cards	\$
Prayer Cards	\$
Air Tray	\$
Crucifix	\$
Clothing	\$
Cremation urn	\$
Grave Marker #	\$
Other merchandise:	\$
	\$
	\$
TOTAL OF MERCHANDISE	\$ 0

D. CASH ADVANCED (To Third Parties)

(Certain charges may be estimated and if such estimates are given, a written statement of the actual charges will be provided before the final bill is paid.)

Medical Examiner's Permit	\$ 0
Cemetery Charges	\$
Overtime Charge	\$
Escort(s)	\$
Cremation Fee	\$
Packing/Shipping (Cremains)	\$
Clergy (Honorarium)	\$
Vocalist	\$
Organist	\$
Airlines (estimate)	\$
Flowers - ()	\$
Obituary Notice (estimate)	\$
Programs - ()	\$
Telephone and Telegraph	\$
Fax	\$
Certified copies of death certificates:	
at \$	\$
Others	\$
	\$
	\$
	\$
TOTAL OF CASH ADVANCED	\$ 0

SUMMARY OF CHARGES:

A. Services, Facilities, & Transportation	\$
B. Merchandise	\$
C. Special Charges	\$ 950.00
D. Cash Advanced	\$
TOTAL OF CHARGES	\$ 950.00

METHOD OF PAYMENT:

Credits/Discounts	\$
	\$
	\$
	\$
Sub-Total	\$

Payment Received on Account:
[] Cash \$ [] Check \$ \$
Unpaid Balance Due \$

Veteran's Administration Claim to be Filed: Yes No \$

TERMS OF PAYMENT: This is a cash transaction. The undersigned jointly and severally agree to pay J.C. White Funeral & Cremation Services at Provider's address on or before O'clock .m. / /20 the balance due on this account as set forth above, plus the agreed value of such additional services, materials and cash advances as may be furnished by the

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PAUPER'S FUNERAL VERIFICATION STATEMENT

Date: 9/10/19

J.C. White Funeral & Cremation Services has not received any form of
(name of funeral home)

compensation for the funeral services for Jimmy Williams.
(name of deceased)

If any form of compensation is received, we will notify the County Judge.



Signature
Authorized Funeral Home Representative