

EXHIBIT A



Perry Township Indigent Cremation Request Form

Perry Township provides free cremation services for indigent township residents who pass away. Eligibility Information for Perry Township, Stark County Residents: Income of household members living with the deceased cannot exceed 150% of the Federal Poverty Level Guidelines based on household size: <https://aspe.hhs.gov/sites/default/files/documents/b1bfa16b20ae9b89d525bc35de7c1643/detailed-guidelines-2026.pdf>. Please complete the form below and email documentation of income to office@perrytwp.com and include your contact information along with the Deceased's name.. In addition, the deceased, their spouse or their parent if the deceased is a minor them cannot have more than \$10,000 in liquid assets. The deceased also cannot have an active life insurance policy for more than \$10,000.

* Required

1. First, Middle and Last Name of the Person completing this form.

Please email documentation of your identity (copy of Driver's License or Passport) to office@perrytwp.com and include your contact information along with the Deceased's name. *

2. Email address of Person completing this form. *

3. Phone Number of Person completing this form. *

4. First, Middle and Last Name of the Deceased Person *

5. Address of the Deceased Person *

6. Deceased Person's Mother's and Father's Names. Please use the following format (Mother - Kayla Ann Smith, Father - Joseph Henry Smith) *

7. Does the Deceased Person have life insurance? *

Yes

No

8. Does the Deceased have an active life insurance policy? *

Yes

No

9. If yes, what is the amount of the policy and who is the beneficiary? Please use the following format (Amount - \$5,000, Beneficiary - Sally Smith).

Please email documentation of the policy to office@perrytwp.com and include your contact information along with the Deceased's name.

10. Birthdate of Deceased Person *

11. City and State and Country (if not in the U.S.) where Deceased Person was born *

12. Social Security Number of the Deceased Person *

13. Is the Deceased Person a resident of Perry Township *

Yes

No

14. Was the Deceased a member or veteran of the U.S. Armed Forces? *

Yes

No

15. If the Deceased was a member or veteran of the U.S. Armed Forces, which branch?

Please forward documentation of military service via email to office@perrytwp.com and include your contact information along with the Deceased's name.

Marines

Army

Navy

Coast Guard

National Guard

Air Force

16. If the Deceased was a member or veteran of the U.S. Armed Forces, were they honorably discharged?

Yes

No

17. Please list the height and weight of the Deceased Person in the following format (5'7" and 230 lbs.) *

18. Deceased Person's race and/or ethnicity. *

- Caucasian/White
- Black or African American
- Asian
- Native American
- Alaska Native
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander

19. Sex/Gender of Deceased *

- Woman
- Man
- Non-binary
- Prefer not to say
- Other

20. Current Location of the Deceased Person's Body (please indicate a specific address, name of organization if the location is the Coroner's office, a hospital, etc.), and a contact person with email or phone number if known. *

21. Relationship of the Person Completing form to the Deceased (For approval, kin of the deceased person must provide information if kin is available).

Please email documentation of the relationship to office@perrytwp.com and include your contact information along with the Deceased's name (e.g. obituary, joint account statements, marriage license, birth certificate, etc.). *

- Spouse
- Child or Step-Child
- Parent or Step-Parent
- Sibling
- Cousin
- Aunt or Uncle or Step-Aunt or Step-Uncle
- Grandparent or Step-Grandparent
- Coroner's Office Staff
- Hospice or Hospital Staff
- Other

22. Number of people who were living with the deceased, including the deceased person. *

- One
- Two
- Three
- Four
- Six
- Five
- Seven
- Other

23. Name of each person in the household along with their age. Please list the Deceased 1st and use the following format for all household members (Deceased - John Smith - age 67, Sandra Smith - age 60, Joe Smith - age 42, Sally Smith - age 3, etc.) *

24. Please list the income of each household member over the age of 18 who is a spouse or parent. Please list the Deceased's income 1st and use the following format for all household members (Deceased - John Smith - \$1,200, Spouse - Sandra Smith - \$1,100 monthly, etc.)

Please email documentation of income to office@perrytwp.com and include your contact information along with the Deceased's name. *

25. Please list the Bank where the Deceased, their spouse and/or their parent (if deceased is a minor) had account(s) and any information available on bank account totals. If there are no accounts, please state this. Please use the following format (Deceased - John Smith - \$2,665, Spouse - Sandra Smith - \$3,106, Accounts Total = \$5,771, etc.).

Please email documentation of account(s) to office@perrytwp.com and include your contact information along with the Deceased's name. *

26. Please do the following with the Deceased's remains *

- Provide the remains back to me.
- Inter the remains at Perry Township's Richville Cemetery.
- Other

27. Date *



28. By entering my name below, I am signing and certifying:

- All the information provided is accurate.
- The Deceased and their family cannot afford cremation or burial services.
- The Deceased is a resident of Perry Township, Stark County.
- I understand that Perry Township uses Paquelet Funeral Home for Cremation Services, I will need to provide them with permission to pick up my loved one's body and I will need to arrange pick up for remains if I want them returned to me.

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