

# TRINITY COUNTY

## Pauper Burial Application

Date: \_\_\_\_\_

Person making Application: \_\_\_\_\_

Name of deceased: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ C#: \_\_\_\_\_

Social Security #: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Funeral Home: \_\_\_\_\_ Director: \_\_\_\_\_

Cemetery / Crematory: \_\_\_\_\_

Next of Kin:

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

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

Relationship: \_\_\_\_\_

Submit to County Judge's Office by fax #936-642-1046

or mail to:

Trinity County Judges Office- Court Coordinator

PO Box 457

Groveton, TX 75845

Any question please call: 936-642-1746

**TRINITY COUNTY USE ONLY:** Received Application (Date)

Amount approved: \$ \_\_\_\_\_

Funeral Home \$ \_\_\_\_\_ Cemetery / Crematory \$ \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bill Received:

Funeral home: Date \_\_\_\_\_ Amount \_\_\_\_\_

Cemetery / Crematory: Date \_\_\_\_\_ Amount \_\_\_\_\_