JEFFERSON COUNTY COMMISSION

Jefferson County Coroner/Medical Examiner's Office
1515 6th Avenue South, Suite 220
Birmingham, Alabama 35233
Office: (205) 930-3603
Fax: (205) 930-3595
Email: Coroner@jccal.org
Webpage: coroner.jccal.org

Dear Applicant,

The Jefferson County Burial Program provides burial for decedents whose relatives cannot be located, or the relatives are unable to make arrangements for final disposition of the decedent *(pursuant to Alabama Code 38-8-2 and 45-37-60).* Jefferson County does not perform nor provide reimbursement for cremations, embalming, or memorial services.

Applicant, please perform the following:
1. Complete the attached application, including death certificate worksheet and signature page, filling in ALL blanks indicating "unknown" or "not applicable" where appropriate.
2. Submit the completed application to the Jefferson County Coroner/Medical Examiner's Office at:
   Email: Coroner@jccal.org or Fax: 205-930-3595

Once the application is submitted and reviewed, a Deputy Coroner will contact you to discuss the case.

Please note the following details regarding the county burial program:
1. The death must have occurred within Jefferson County, Alabama.
2. The decedent must be determined to be indigent or declared unclaimed by the Coroner/ME's Office.
3. Jefferson County will determine the date and time of the burial.
4. All burials will take place at the Jefferson County Cemetery in Morris, Alabama.
5. Family and friends are welcomed to attend the burial, but the applicant must indicate their wishes to attend in the application, so they can be notified of the date and time of the burial.
6. If the decedent, at the time of application, is not currently at the Jefferson County Coroner/ME's Office:
   a. Jefferson County will arrange for transport of the body to the Coroner/ME's Office, but will not be performed until the death certificate has been certified by a physician in the Alabama-EVERS.
   b. The transport of the body to the Coroner/ME's Office will take place on a date and time determined by the Coroner/ME's Office.

Jefferson County Cemetery: 494 Ball Park Drive, Morris, Alabama 35116

Directions to the Jefferson County Cemetery - From Downtown Birmingham:
Take Interstate 65 North to Morris, Exit 275,
Turn right at the end of the exit onto Barber Blvd,
Turn left onto US Highway 31,
Go approximately 2 miles to the red light at Morris Majestic Road,
Turn right onto Morris Majestic Road,
At the 2nd stop sign, turn right onto Glennwood Road,
Go approximately ¾ of a mile and turn left at the 2nd entrance to the Morris Ballpark onto Ball Park Drive,
Follow the road into the cemetery.

For questions regarding visiting a grave after the date of the burial, please contact:
Jefferson County General Service at 205-849-2350.

Created: 03/13/2020
Updated:

Application for County Burial

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IF ANY INFORMATION IS NOT KNOWN, USE "UNKNOWN" OR "NOT APPLICABLE", LEAVE NO SPACES BLANK

To: Coroner/Medical Examiner's Office, Jefferson County, Alabama

Date of Application _____

REQUEST FOR COUNTY BURIAL OF DECEDENT _____
                                        First   Middle   Last

Age_____ Race _____Sex_____ Date of Birth_____ SSN _____

Height _____ Weight _____

Applicant Information:

Applicant description: Next of Kin   Family   Friend   Facility/Agency/Organization

Name _____ Relationship (or Title) _____

Facility/Agency/Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Phone _____

Fax _____ Email _____

Circumstances of Death:

Date of Death _____ Time of Death _____

Place of Death (facility name/address) _____

_____City _____State _____ Zip _____

Doctor Certifying the Death _____ Phone _____

Medical Facility/Practice Name _____

Address _____City _____State _____ Zip _____

Circumstances Surrounding Death (e.g. disease, injury/trauma, motor vehicle collision, suspected overdose, etc.)

_____

Manner of Death (Natural, Accident, Homicide, Suicide, Unknown) _____

Cause of Death _____

Created: 03/13/2020
Updated:

1. Has the death certificate been certified in the Alabama-Electronic Death Certificate System?--   Yes   No

2. Has the decedent been positively identified?---   Yes   No

   How? _____By whom?_____

3. Has the next of kin been notified of the death?--   Yes   No

   If not, why? _____

4. Does the family wish to be present at the time of burial?--   Yes   No

   Family contact, (Name) _____ Phone: _____

Next of Kin (if known):

1. Next of Kin _____Relationship _____

Address _____City _____State _____ Zip _____

Phone _____ Phone _____

2. Family _____ Relationship _____

Address _____City _____State _____ Zip _____

Phone _____ Phone _____

3. Family _____ Relationship _____

Address _____City _____State _____ Zip _____

Phone _____ Phone _____

Describe in detail the reason(s) the request for county burial is being made:

Death Certificate Worksheet
IF ANY INFORMATION IS NOT KNOWN, PLEASE USE "UNKNOWN", LEAVE NO SPACES BLANK

1.	DECEASED LEGAL NAME (First, Middle, Last)	
2.	LAST NAME PRIOR TO FIRST MARRIAGE	
3.	COUNTY OF DEATH	
4.	CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	
5.	INSIDE CITY LIMITS? (YES OR NO)	
6.	PLACE OF DEATH (Facility Name) - Hospital or Other Institution – (if not in either, give street and number)	
7.	IF HOSPITAL (Specify Inpatient, ER, Outpatient, or DOA)	
8.	SEX (Male, Female, or Unknown)	
9.	SOCIAL SECURITY NUMBER	
10.	BIRTHPLACE (State or Foreign Country)	
11.	AGE – Last Birthday (Years)	
12.	DATE OF BIRTH (Month, Day, Year)	
13.	MARITAL STATUS (Specify: Married, Never Married, Widowed, Divorced	
14.	EVER IN THE ARMED FORCES? (Yes or No)	
15.	SURVIVING SPOUSE (Name prior to first marriage)	
16.	DECEASED RESIDENCE – STATE	
17.	DECEASED RESIDENCE – COUNTY	
18.	DECEASED RESIDENCE – CITY, TOWN, OR LOCATION AND ZIP CODE	
19.	DECEASED RESIDENCE – STREET ADDRESS (Apt, Lot, Unit – if applicable)	
20.	DECEASED RESIDENCE – INSIDE CITY LIMITS? (Yes or No)	
21.	FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	
22.	MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	
23.	INFORMANT NAME AND RELATIONSHIP TO DECEASED	
24.	MAILING ADDRESS OF INFORMANT (Street and Number, City, State, County, Zip Code, Apt, Lot)	
25.	OCCUPATION (Indicate type of work done during most of working life, DO NOT USE RETIRED)	
26.	KIND OF BUSINESS/INDUSTRY	

As Applicant, I certify that to the best of my knowledge the information contained herein is true and accurate and, I am making application for the decedent to be accepted by the Jefferson County Coroner/ Medical Examiner's Office for county burial, to be buried at the Jefferson County Cemetery in Morris, Alabama on a date and time to be determined by Jefferson County.

Applicant:

Print _____

Sign _____ Date _____

Witness:

Print _____Phone _____

Sign _____Date _____