

County Commission

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Commissioner  
District 1*

*Ryan Schwebach  
Commissioner  
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*LeRoy Candelaria  
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County Manager  
*Janice Barela*

Deputy County Manager  
*Juan Torres*  
County Attorney  
*John Butrick*

*PO Box 48 ~ 205 Ninth Street  
Estancia, NM 87016  
(505)544-4700 Main Line (505) 384-5294 Fax  
[www.torrancecountynm.org](http://www.torrancecountynm.org)*

Dear Applicant:

Please return the completed Indigent Burial Application and Declaration Statement. According to New Mexico Statutes, we must process the applications in the order they are received, but if any of the required information is not completed, it could delay the processing of your claim.

If you have any questions, do not hesitate to contact me with one of the following options:

Torrance County Indigent  
Attn: Joanna Romero  
P.O. Box 48  
Estancia, NM 87016

Phone: (505) 544-4721  
Email: [jromero@tcnm.us](mailto:jromero@tcnm.us)



Torrance County

Indigent Burial and Declaration Statement

For Finance Office Use Only:

Check No. \_\_\_\_\_ Amount \_\_\_\_\_ Approved Date \_\_\_\_\_ Denied \_\_\_\_\_

Name of Deceased \_\_\_\_\_

Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Previous Residence \_\_\_\_\_

Do you have insurance? Y or N \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

If Yes, Company Name \_\_\_\_\_

Torrance County Resident? Y or N \_\_\_\_\_  
How long? \_\_\_\_\_

Have Medicare or Medicaid? \_\_\_\_\_

Name of Nearest Living Relative \_\_\_\_\_

Address of Nearest Living Relative \_\_\_\_\_

Was death as a result of an accident or injury? Y or N If yes, explain: \_\_\_\_\_

How much cash did decedent have? \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
On Hand Savings Checking

Name of Financial Institution: \_\_\_\_\_

Did decedent own a home? Y or N If Yes: Value: \$ \_\_\_\_\_ Bal. Owed: \$ \_\_\_\_\_

If decedent was renting, Name and Address of Landlord: \_\_\_\_\_

**FOR FINANCE OFFICE USE ONLY**

Verified By: \_\_\_\_\_  
Employment: \_\_\_\_\_  
Residency: \_\_\_\_\_  
Assessor: \_\_\_\_\_  
Rent: \_\_\_\_\_  
Income Tax Return: \_\_\_\_\_



Indigent Burial  
Application and Declaration Statement  
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I hereby authorize release of information concerning the above statement to the County of Torrance, New Mexico.

I certify that I have read this application and swear that the above information contained in it is true to the best of my knowledge.

I understand that all information on this application is subject to investigation.

I hereby certify that I am unable to pay for the cost of burial in the amount of \$\_\_\_\_\_, and qualify under the provisions of the burial of Indigents. Any false statements on this form made knowingly by me constitutes a felony and could result in a prison sentence and/or fine.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant

Subscribed and Sworn to Before  
Me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires



# County of Torrance

State of New Mexico

Unclaimed/Indigent Cremation Program

## Unclaimed Remains Release Form

*The county will not accept possible cases until the remains have been unclaimed in your care for at least 30 days from date of storage of remains.*

*The decedent must still qualify for the program. This form MUST be completed and submitted with your inquiry.*

*Due diligence must be exercised and documented below in attempts of working with legal-next-of-kin. NMSA 1978 §24-12-1.*

### Termination of Right of Disposition

RE: \_\_\_\_\_

I, \_\_\_\_\_, having the right to make funeral arrangements for the decedent, \_\_\_\_\_, pursuant to NMSA 1978 §24-12A-2, who died at \_\_\_\_\_ on \_\_\_\_\_, do hereby terminate my right of disposition.

*I understand that the body will hereafter be turned over to the appropriate county agency or funeral home as chosen by that agency for disposition by cremation. I understand that the estate of the deceased may be charged by the county for disposition to the extent that funds are available.*

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

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

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

Signature: \_\_\_\_\_

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

Relationship to the decedent: \_\_\_\_\_

Subscribed and Sworn to Before  
Me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires