

# JEFFERSON COUNTY COMMISSION



Jefferson County Coroner/Medical Examiner's Office  
1515 6<sup>th</sup> Avenue South, Suite 220  
Birmingham, Alabama 35233  
Office: (205) 930-3603  
Fax: (205) 930-3595  
Email: [Coroner@jccal.org](mailto:Coroner@jccal.org)  
Webpage: [coroner.jccal.org](http://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 provide for cremations.

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](mailto: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 is responsible 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 2<sup>nd</sup> stop sign, turn right onto Glennwood Road,

Go approximately  $\frac{3}{4}$  of a mile and turn left at the 2<sup>nd</sup> 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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*For office use only.*

M.E. case#: \_\_\_\_\_

Date/Time received: \_\_\_\_\_

Employee's name: \_\_\_\_\_

**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 \_\_\_\_\_

## 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 \_\_\_\_\_



## Application for County Burial (continued)

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:



## Application for County Burial (continued)

### 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	



## Application for County Burial (continued)

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 \_\_\_\_\_