



# HOLY FAMILY CEMETERY

Mausoleum, Ground, Tomb, and Cremation Burials

## COMMUNAL OSSUARY BURIAL PROGRAM

### APPLICATION FOR PROJECT LAZARUS



#### DECEDENT INFORMATION

- Full Legal Name of Deceased: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_
- Place of Death (City/State): \_\_\_\_\_
- Cremation Facility Name: \_\_\_\_\_
- Cremation Certificate No. (if available): \_\_\_\_\_

#### RESPONSIBLE PARTY INFORMATION

- Name: \_\_\_\_\_
- Relationship to Deceased: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### REQUEST

I respectfully request burial of the above-named decedent's cremated remains in the **Project Lazarus Communal Ossuary** due to financial hardship.

I understand that this program provides **charitable burial only** and conveys **no ownership rights**.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_



## ELIGIBILITY REQUIREMENTS

### PURPOSE

Project Lazarus is a charitable burial program established to provide the **dignified and permanent interment of cremated human remains** for individuals whose families or responsible parties **lack the financial means** to provide burial in consecrated ground.

This Eligibility Policy exists to:

- Preserve the charitable nature of the program
- Prevent misuse or substitution for paid burial services
- Protect the Cemetery from abuse or misrepresentation
- Ensure fairness, consistency, and transparency

Participation in Project Lazarus is **discretionary** and **not an entitlement**.

### ELIGIBLE DECEDENTS

A decedent may be considered eligible for Project Lazarus only if **all** of the following conditions are met:

- The remains are cremated human remains of **one identifiable individual**
- The remains are lawfully released for final disposition
- No burial space, crypt, niche, or grave has been purchased or remains available by the decedent or the next of kin which would allow interment.
- Burial in consecrated ground is otherwise impossible due to **financial hardship**
- As least 12 months must have lapsed between the decedent's death and the upcoming date of interment
- The decedent have been a resident of Iberia Parish at the time of death.

## FINANCIAL HARDSHIP REQUIREMENT

Eligibility requires **documented financial need**.

At least **one** of the following forms of verification must be provided:

### *a. Public Assistance Verification*

Documentation demonstrating participation in a public assistance program, including but not limited to:

- Medicaid
- SSI / SSDI
- SNAP
- Parish or municipal indigent burial assistance

### *b. Third-Party Certification of Need*

Written certification from one of the following attesting to financial hardship:

- Clergy (priest, deacon, or minister)
- Licensed funeral director
- Social worker, hospice provider, or charitable organization representative

### *c. Affidavit of Financial Hardship*

A notarized affidavit executed by the legal next of kin or authorized representative affirming:

- Inability to afford private burial
- Absence of available burial funds, insurance, or prepaid contracts
- No intent to avoid lawful cemetery or burial fees

Self-certification without sworn affirmation is insufficient.

## INELIGIBLE CIRCUMSTANCES

A decedent is **not eligible** for Project Lazarus if any of the following apply:

- a. A burial space, crypt, or niche has already been purchased by the decedent or next of kin
- b. Burial insurance, funeral trust funds, or prepaid burial contracts remain available
- c. Sufficient family resources exist, but burial is declined for convenience
- d. The program is sought solely to avoid cemetery, church, or funeral fees
- e. False, incomplete, or misleading information is provided
- f. The request is speculative, conditional, or submitted “just in case.”

## FAMILY OR COMMUNITY CONNECTION (DISCRETIONARY)

Priority may be given to decedents who had a connection to:

- The parishes of St. Peter and Our Lady of Perpetual Help
- The local community served by the cemetery
- Immediate family residing within the area

This consideration is **discretionary** and may be waived for pastoral or humanitarian reasons.

## AUTHORIZED APPLICANTS

Applications may be submitted only by:

- Legal next of kin
- Court-appointed representative
- Licensed funeral director acting with written authorization
- Clergy assisting the family

Proof of authority to direct final disposition is required.

## FINALITY OF INTERMENT

Eligibility is conditioned upon written acknowledgment that:

- a. Interment in the communal ossuary is **permanent**
- b. Remains of the deceased will be inurned within a velvet urn which will be placed in the ossuary.
- c. No ownership, inheritance, or exclusive burial rights are created
- d. Remains may not be removed, reclaimed, or transferred
- e. Burial may not later be converted into a private interment
- f. The cemetery will keep internal records of the burial, but no public memorial shall be displayed. Families do have the option of engraving an “in memory of plaque at a cost of \$100.

## **CEMETERY AUTHORITY DISCRETION**

The Cemetery Authority retains sole discretion to:

- Request additional documentation
- Refer applications for further review
- Deny eligibility for any reason
- Grant exceptions for extraordinary circumstances

All eligibility determinations are final.

## **MISREPRESENTATION**

Any false statement, omission, or misrepresentation shall result in:

- Immediate denial or revocation of eligibility
- Possible referral to appropriate civil or ecclesiastical authorities

## **NON-PRECEDENT CLAUSE**

Approval under Project Lazarus:

- Does not establish precedent
- Does not obligate future acceptance

# **ACKNOWLEDGMENT & PROGRAM DISCLOSURE**

I acknowledge that I have read and understand the rules of **Project Lazarus** and that participation:

- Is charitable and discretionary;
- Creates no burial-space ownership;
- May not be used to avoid lawful cemetery charges;
- Is subject to cemetery rules and Catholic teaching.
- I agree to all of the terms and conditions of program eligibility as indicated in this packet.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

# AFFIDAVIT OF HARDSHIP

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in the state and parish aforesaid, PERSONALLY CAME AND APPEARED:

**Name of Affiant:** \_\_\_\_\_

who, after being duly sworn, did declare:

1. Affiant is the legal next of kin or authorized representative of the deceased named below and has legal authorization to arrange for the burial of the deceased.
2. Affiant lacks sufficient financial resources to provide a private burial in consecrated ground.
3. Affiant has not concealed assets, burial contracts, or available insurance benefits.
4. This request is not made to avoid customary cemetery fees where the ability to pay exists.

**Deceased:** \_\_\_\_\_

Affiant acknowledges that false statements may result in denial or revocation of assistance.

Signature of Affiant: \_\_\_\_\_ Date: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_

ID Number/Bar Roll Number: \_\_\_\_\_

My Commission is for Life

## CERTIFICATION OF NEED (THIRD-PARTY)

I hereby certify that I am personally familiar with the circumstances of the family listed below and believe they are experiencing genuine financial hardship.

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

Responsible Party: \_\_\_\_\_

### **Certifying Individual:**

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

Title/Role (Clergy, Funeral Director, Social Worker ): \_\_\_\_\_

Organization/Parish: \_\_\_\_\_ -

Phone/Email: \_\_\_\_\_

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

# AUTHORIZATION FOR FINAL DISPOSITION IN COMMUNAL OSSUARY

I, \_\_\_\_\_, being the legal next of kin or duly authorized representative of the deceased named below, hereby authorize **Holy Family Cemetery** to permanently inter cremated remains in the **Project Lazarus Communal Ossuary**.

**Deceased:** \_\_\_\_\_

I understand and agree that: - Burial is permanent and non-retrievable; No ownership or exclusive rights are created; Remains may not be removed or converted to private burial.

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

# CEMETERY USE DISCLAIMER & RELEASE

The undersigned releases and holds harmless **Holy Family Cemetery**, its officers, employees, clergy, and volunteers from any future claim arising from participation in Project Lazarus, except for gross negligence or willful misconduct.

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

# CEMETERY ACCEPTANCE & ELIGIBILITY DETERMINATION (for Cemetery Use Only)

**Applicant Name:** \_\_\_\_\_

**Deceased:** \_\_\_\_\_

Documentation Reviewed:

- Death Certificate / Burial Permit
- Cremation Certificate
- Affidavit of Financial Hardship
- Third-Party Certification (if applicable)

**Eligibility Determination:**

- Approved
- Denied
- Deferred for Review

Reason/Notes: \_\_\_\_\_

Authorized Cemetery Representative: \_\_\_\_\_

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

# PROJECT LAZARUS REVIEW COMMITTEE ACTION (IF REQUIRED)

(for Cemetery Use Only)

Date of Review: \_\_\_\_\_

Approved  Approved with Conditions  Denied

Conditions/Notes:

\_\_\_\_\_

Committee Members:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_