



**Office of Medical Examiner and Trauma Services**  
 5301 S.W. 31 Avenue • Fort Lauderdale, Florida 33312-6619  
 954-357-5200 • Indigent FAX 954-357-4953 • TTY 954-357-6100

Official Use Only

## INDIGENT CREMATION PROGRAM WORKSHEET

### DECEDENT'S INFORMATION

Name: \_\_\_\_\_  
First Middle Last Suffix: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Race:  
 White  Black or African American  American Indian  Native Specify: \_\_\_\_\_ Asian Indian  Chinese   
 Filipino  Japanese  Korean  Vietnamese  Other Asian  Other Asian Specify: \_\_\_\_\_  
 Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander  Other Pacific Islander Specify: \_\_\_\_\_

Decedent of Hispanic or Haitian Origin?:  
 Not of Hispanic/Haitian Origin  Unknown if Hispanic or Haitian Origin   
 Yes, of Hispanic/Haitian Origin (Select One): Mexican  Puerto Rican  Cuban  Other Hispanic  Specify: \_\_\_\_\_

Decedent's Usual Occupation: \_\_\_\_\_ Type of Industry: \_\_\_\_\_

City of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Surviving Spouse: \_\_\_\_\_  
First Middle Last

Father's Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
First Middle Last

Mother's Name: \_\_\_\_\_  
First Middle Last

Decedent's Education: (Specify the decedent's highest degree or level of school completed at time of death)  
 Unknown  8<sup>th</sup> or Less  High school but no diploma  High school diploma or GED  College but no degree   
 College degree  College degree (Specify): Associate  Bachelor's  Master's  Doctorate

Was the decedent in the U.S. Armed Forces: Yes  No  Unknown  Eligible for VA Death Benefits: Yes  No  Unknown

### INFORMANT'S INFORMATION

Informant's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### DEATH INFORMATION

Location of Death: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ Location of Body: \_\_\_\_\_

Attending Physician (Certifier): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Next of Kin/POA/Contact on Record: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Relationship: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_



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DOCUMENTATION NEEDED WITH APPLICATION (Check all that accompany application)

- Government Issued Photo Identification of the Decedent
Social Security Card of the Decedent
Government Issued Photo Identification of the Family Member
Hospital Face Sheet (If applicable)
Discharge Summary (If applicable)

DOCUMENTATION THAT MAY BE REQUESTED (Check all that accompany application)

- Check stubs, W-2, or current income tax statement
A print-out sheet from Work and Gain Economic Sufficiency (WAGES) or 3 months of WAGES check stubs.
A statement and/or wage form completed by past employers.
A print-out sheet from unemployment compensation
Verification of benefits from the Social Security Office.
Social Security Disability Insurance (SSDI)
Social Security Act (SSA)
Supplemental Security Income (SSI)
Temporary Assistance for Needy Families (TANF)
Food Stamps
Documentation of child support
Documentation of alimony
Documentation of veteran benefits
Documentation of pension benefits

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ICP Case #: Date Received: Processed By:

STATUS: [ ] Approved [ ] Declined [ ] Application Withdrawn [ ] Application Incomplete Date:

NOTES:

Date Paperwork Sent to ICP Crematory: By:

Cremains Disposition: [ ] Legally Authorized Person will claim ashes [ ] Scatter as appropriate

Fee Charged: \$ Paid: \$ Date: Received By: