



Medical Examiner and Trauma Services
INDIGENT CREMATION PROGRAM



AUTHORIZATION FOR CREMATION AND DISPOSITION

Decedent/Patient Name _____ **Date of Birth** _____
First Middle Last

I/We, the undersigned, hereby request, authorize and direct Broward County to cremate the above-named decedent's remains in accordance with and subject to Florida Statutes, and the rules and regulations set forth in the Florida Administrative Code, governing Crematories/Direct Disposers.

I/We understand that the cremains will be scattered at sea after 120 days from the date of cremation. I/We understand that I/We must request in writing the location of the final disposition, if so desired.

I/We agree to indemnify, release and hold Broward County, its officers, employees and agents harmless from any and all liability, including all fees and costs, resulting from claims, losses, damages, or cause of actions (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the deceased.

I/We hereby declare that, as the legally authorized person per Florida Statute 497.005(43), of the above-named decedent, I am/we are unable to assume financial responsibility for disposition of the remains.

Select One Option for Disposition: ☐ **Legally authorized person will claim ashes** (see fee description)
☐ **Scatter At Sea**

_____ Print Name of Person Authorizing Cremation		_____ Signature		_____ Date	
_____ Relationship to Decedent		_____ Date of Birth		_____ Telephone Number	
_____ Email Address					
_____ Home Address		_____ City		_____ State	
_____ Zip					

_____ Witness (Print Name)		_____ Signature		_____ Date	
_____ Witness Address		_____ City		_____ State	
_____ Zip					
_____ Relationship to Authorized Person		_____ Telephone Number		_____ Email Address	

Florida Statute 497.005 (43)(a) “Legally authorized person” means, in the priority listed:

1. The decedent, when written inter vivos authorizations and directions are provided by the decedent;
 2. The person designated by the decedent as authorized to direct disposition pursuant to Pub. L. No. 109-163, s. 564, as listed on the decedent’s United States Department of Defense Record of Emergency Data, DD Form 93, or its successor form, if the decedent died while in military service as described in 10 U.S.C. s. 1481(a)(1)-(8) in any branch of the United States Armed Forces, United States Reserve Forces, or National Guard;
 3. The surviving spouse;
 4. A son or daughter who is 18 years of age or older;
 5. A parent;
 6. A brother or sister who is 18 years of age or older;
 7. A grandchild who is 18 years of age or older;
 8. A grandparent; or
 9. Any person in the next degree of kinship.
- (b) In addition, the term legally authorized person may include, if no family member exists or is available from paragraph (a), the guardian of the dead person at the time of death; the personal representative of the deceased; the attorney in fact of the dead person at the time of death; the health surrogate of the dead person at the time of death; a public health officer; the medical examiner, county commission, or administrator acting under part II of chapter 406 or other public administrator; a representative of a nursing home or other health care institution in charge of final disposition; or a friend or other person, including a member of a representative community organization, not listed in this subsection who is willing to assume the responsibility as the legally authorized person. Where there is a person in any priority class listed in this subsection, the funeral establishment shall rely upon the authorization of any one legally authorized person of that class if that person represents that she or he is not aware of any objection to the cremation of the deceased’s human remains by others in the same class of the person making the representation or of any person in a higher priority class.