

ICP Case # _____

INFORMANT INFORMATION

Next-of-Kin/Legally Authorized Person _____
First Middle Last Name
 Suffix _____
 Home Address _____ Apt _____ City _____
 State _____ Zip Code _____ County _____
 Relationship to Deceased _____ Phone Number _____

DEATH INFORMATION

Place of Death (Facility Name) _____
 Address _____ City _____ State _____ Zip _____
 Death Location
 ER/Outpatient ☐ Hospice ☐ Inpatient ☐ Nursing Home ☐ Decedent's Home ☐ Family's Home ☐
 Other _____
 Date of Death _____ Time of Death _____ Current Location of Body _____
 Attending Physician (To Sign Death Certificate) _____ Phone Number _____

Form Completed By _____ Title / Relationship _____ Phone Number _____

***** **OFFICIAL USE ONLY** *****

ICP Case # _____ Date ICP Paperwork Received _____

Processed By _____ Processed Date _____

Status: Approved ☐ Declined ☐ Application Withdrawn ☐ Application Incomplete ☐

NOTES:

Date Paperwork Sent to ICP Crematory: _____ By _____

Cremains Disposition: Legally Authorized Person will Claim Ashes ☐ Scatter at Sea ☐ Deliver to V.A. ☐

Fee Charged: \$ _____ Date "Request to Invoice" Completed: _____