

## Medical Examiner and Trauma Services INDIGENT CREMATION PROGRAM



## **DEATH CERTIFICATE WORKSHEET**

ICP Case # \_\_\_\_\_

<b>DECEDENT INFORMATION</b>				
Decedent's Name				Suffix
	FIRST	Middle	Last	
Alias (AKA)First	Middle	Last		<del></del>
Date of Birth Age		Social Securi	ity #	
Home Address				Dity
State Zip	Code Cou	ınty		
Place of Birth – State/Province	City	/		Country
MARITAL STATUS AT TIME OF	DEATH			
	ed, But Separated $\square$	Never Married □	Widowed □	Unknown □
Surviving Spouse:	First Middle	e Last N	ame (Prior to First Mar	riage)
Decedent's Occupation:			•	· · · · · · · · · · · · · · · · · · ·
DACE (O.L. A. IIIII. AI.)				
RACE (Select all that apply)	In aliana 🗆 Nationa		A a i a ua lua ali a ua [	
White □ Black □ American				□ Chinese □ Filipino □
Japanese □ Korean □ Vietr	namese   Other Asia	n	Native	Hawaiian □
Guamanian or Chamorro □ Sa	moan □ Other Pacific	c Islander:		Other:
Hispanic/Haitian Origin:				
Not of Hispanic/Haitian Origin $\square$	Unknown if Hispanic/H	laitian Origin □		
Yes, of Hispanic/Haitian Origin (S	elect one)			
Mexican □ Puerto Rica	an □ Cuban □ Oth	er Hispanic	Ha	aitian 🗆
DECEDENT'S HIGHEST LEVEL				
8 <sup>th</sup> Grade or Less □ 9 <sup>th</sup> thru 12	<sup>th</sup> grade; No diploma □	High School Grad	duate or GED C	Completed □
Some College Credit, But No Deg	ree   Associate Deg	ree 🗆 Bachelor's	s Degree □	
Master's Degree □ Doctorate of	or Professional Degree [	☐ Unknown ☐		
ARMED FORCES				
Was the Decedent Ever in the U.S	6. Armed Forces? Yes [	□ No □ Unkno	own Honora	bly Discharged: Yes □ No □
If yes, list Service Branch:	١	ears Served:		Highest Rank:
Did a service-connected disability				
PARENTS INFORMATION				
Father's/Parent's Name Prior to F	irst Marriage:	st Midd	lle	Last Name
M				
Mother's/Parent's Name Prior to F	·irst Marriage:	st Midd	dle	Last Name



ICP Fax: (954) 357-4953

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INFORMANT INFORMATIO						
Next-of-Kin/Legally Authorize	ed Person	First	Middle		Last Name	Suffix
Home Address						
State						
Relationship to Deceased		Pr	none Nun	ber		<del></del>
DEATH INFORMATION						
Place of Death (Facility Nam	e)					
Address		City _			State	Zip
Death Location						
ER/Outpatient □ Hos		_	ome 🗆	Decedent's	Home □ Fam	ily's Home □
Date of Death	Time of Death	Curr	ent Loca	ion of Body _		
Attending Physician (To Sigr	n Death Certificate)				Phone Num	nber
		_ Title / Relati	ionship _		Phone Nu	mber
Form Completed By	******	*OFFICIAL U	JSE ON	LY ********		
Form Completed By	Date ICP Paperw	<b>* OFFICIAL U</b> vork Received _	JSE ON	LY *********		
Form Completed By	Date ICP Paperw	<b>* OFFICIAL L</b> /ork Received _ essed Date	JSE ON	LY ************************************	******	
Form Completed By	Date ICP Paperw	<b>* OFFICIAL L</b> /ork Received _ essed Date	JSE ON	LY ************************************	******	
Form Completed By  ICP Case #  Processed By  Status: Approved □ Dec  NOTES:  Date Paperwork Sent to ICP	Date ICP Paperw Procedined  Application	*OFFICIAL L	Appli	LY ****************cation Incomp	**************************************	******
ICP Case # Processed By Status: Approved □ Dec	Date ICP Paperw Procedined  Application	*OFFICIAL L	Appli	LY ****************cation Incomp	**************************************	******