



Office of Medical Examiner and Trauma Services

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INDIGENT CREMATION CHECKLIST

Decedent's Name: First Middle Last Suffix

Race: Sex: Date of Birth:

In order to determine eligibility for the Indigent Cremation Program, please complete the following checklist:

- 1. Did the death occur in Broward County? YES NO
2. Does the decedent have any next of kin or legally authorized person(s)? YES NO
3. If yes, was the next of kin or legally authorized person notified? YES NO
4. Was the next of kin, or legally authorized person advised of other options, i.e. low-cost funeral homes? YES NO
5. Is the next of kin, or legally authorized person claiming indigent status? YES NO
6. Is the next of kin, or legally authorized person electing to take disposition of the cremains? YES NO
7. If no next of kin or legally authorized person has been notified, has a diligent effort been made to locate next of kin, i.e. certified letter, etc.? YES NO
(if NO for #7, please provide details):

- 8. Was patient account information verified? (nursing home residents/ALF, etc.) YES NO NOT APPLICABLE
9. Are all applicable Indigent Cremation Program forms completed and signed (see list below)? YES NO

Please indicate form (s) completed: Indigent Cremation Program Worksheet
Authorization for Cremation & Disposition
Indigent Cremation Program Checklist

Please Include the Patient's Face Sheet and Expiration Form

COMMENTS: (If additional space is needed, please use agency's letterhead stationery.)

Completed By: Telephone:
Facility/Agency/Other: Date: