Medical Examiner and Trauma Services
INDIGENT CREMATION PROGRAM

APPLICATION COVER SHEET

The Indigent Cremation Program provides final disposition for those who cannot afford a private funeral home. It should be considered as a last resort, as only basic needs can be met. The family is always encouraged to seek a more immediate means of disposition.

- The program does not offer viewing, embalming, memorial services, etc.
- The death certificate will be filed with the Florida Department of Health Vital Statistics Bureau. Certified copies of the death certificate will not be provided. The next of kin may obtain a certified copy of the death certificate from the Florida Department of Health Vital Statistics Bureau.
- It may take 8 or more weeks for the Indigent Program to completely process a case.
- Shipping of cremains will be at the family's expense and handled through the ICP contracted funeral provider.

To apply, complete the ICP Application, Death Certificate Worksheet, and Authorization for Cremation and Disposition.

The next of kin applying to use this program must provide proof they do not exceed the current federal guidelines determined for the household size by the US Department of Health and Human Services.

If approved and the family selects to claim the ashes, there will be a fee of $150.

Completed applications may be submitted via:

- Email: indigentcremation@broward.org
- Fax: 954-357-4953
- Mail: 5301 SW 31 Avenue, Ft. Lauderdale, FL 33312 ATTN: ICP

If you have any questions, please call 954-357-5243.

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ICP Case # _____

ICP APPLICATION

Application Type ☐ **Pre-Approval** *(Death Imminent)* Application Date _____
☐ **At-Need** *(Death Occurred)*

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

The purpose of Broward County's Indigent/Unclaimed Remains Cremation Program (ICP) is to provide final disposition in accordance with the law for deceased persons who have no family, or whose family cannot afford private funeral arrangements. In order to qualify for this program, the death must have occurred within Broward County (but the decedent does not need to have been a county resident) and the legally authorized person qualifies under the indigent terms below. The following fees shall be applicable to families of the indigent deceased electing to take possession of the cremains.

FEE DESCRIPTION

Cremation (Indigent Family) ……..…….. $100.00
County Administrative Fee (All Cases) ……..…..…… $50.00

ITEMS TO NOTE

- The term "indigent" shall mean a person whose family income does not exceed One Hundred percent (100%) of the current federal poverty guidelines prescribed for the family's household size by the U.S. Department of Health and Human Services.
- The term "family" shall mean a "legally authorized person," as defined in and in the order of priority listed in Section 497.005(43), Florida Statutes.
- No additional services such as viewing, embalming, memorial services, etc. will be offered by the Indigent Cremation Program.
- Shipping of cremains will be at the family's expense and handled through the ICP contracted funeral provider.
- Once the decedent has been transferred to the funeral home, the ICP cannot intervene.

Since the ICP can meet only basic needs, the next-of-kin are always encouraged to seek a more immediate alternative means of final disposition. (ICP cases can take up to eight or more weeks to complete.)

Qualifications for the program include:

- The decedent must have died in Broward County.
- The decedent must not have any form of life insurance or be eligible for victim compensation funds.
- The household income must not exceed 100% of the federal poverty guidelines.

U.S. Department of Health and Human Services 2024 Poverty Guidelines
The 2024 federal poverty level (FPL) income numbers below are used to calculate eligibility for indigent status.

Number of Persons in Household	Maximum Annual Income
1	$15,060
2	$20,440
3	$25,820
4	$31,200
5	$36,580

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LEGALLY AUTHORIZED PERSON APPLYING *(If not the Legally Authorized Person, skip to "Other Information Section")*

Name _____ Date of Birth _____
Home Address _____ City _____ State _____ Zip _____
Phone Number _____ Email _____ Relationship to Decedent _____

LEGALLY AUTHORIZED PERSON FINANCIAL INFORMATION

Number of household members _____ Do you or the decedent own any property? Yes ☐ No ☐
If yes, address _____ Are you receiving welfare aid? Yes ☐ No ☐
If yes, Program Name _____ Monthly Amount $_____
Program Name _____ Monthly Amount $_____
Name of your employer _____ Position _____ Monthly salary $_____
Monthly income from other sources and amount(s) _____

OTHER INFORMATION

Was the decedent a victim of a crime? Yes ☐ No ☐ Unknown ☐
Did the decedent have a Will (Last Will and Testament)? Yes ☐ No ☒ Unknown ☐
Are there any prepaid funeral or burial arrangements? Yes ☐ No ☐ Unknown ☐
If yes, list name of funeral facility _____
Does the decedent have any life insurance policies? Yes ☐ No ☐ Unknown ☐

DOCUMENTATION REQUIRED WITH APPLICATION

☐ Copy of government issued photo identification of the decedent/patient **(One Required)**
☐ Copy of social security card of the decedent/patient **(One Required)**
☐ Copy of government issued photo identification of the applicant **(One Required)**

FINANCIAL DOCUMENTATION REQUIRED *(If not the Legally Authorized Person, skip this section)*

☐ Applicants most recent paycheck stub, W-2, or current income tax statement **(One Required)**
☐ Applicants most recent bank statement **(One Required)**

ADDITIONAL DOCUMENTS IF APPLICABLE *(If not the Legally Authorized Person, skip this section)*

☐ A print-out sheet from unemployment compensation
☐ Verification of benefits from the Social Security Office
☐ Social Security Disability Insurance (SSDI)
☐ Supplemental Security Income (SSI)
☐ Temporary Assistance for Needy Families (TANF)
☐ Documentation of child support
☐ Documentation of alimony

I declare under penalty of perjury that the foregoing is true and correct. I/We understand that Broward County reserves the right to fully investigate all claims of indigence and, if this form is signed under fraudulent pretenses, Broward County will diligently seek reimbursement of all funds expended by Broward County for the final disposition of the decedent, along with any associated costs. I hereby authorize the release of all information by agencies and persons regarding my financial status to a representative of the Broward County Office of Medical Examiner and Trauma Services. I agree to reimburse Broward County, not to exceed the total cost of the cremation to the County, any monies received from Social Security Death Benefits and/or sources for cremation expense.

Signature _____ **Print Name** _____ **Date** _____

Witness _____ **Print Name** _____ **Date** _____

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ICP Case # _____

DEATH CERTIFICATE WORKSHEET

DECEDENT INFORMATION

Decedent's Name _____ Suffix _____
First Middle Last

Alias (AKA) _____
First Middle Last

Date of Birth _____ Age _____ Sex _____ Social Security # _____

Home Address _____ Apt ____ City _____

State _____ Zip Code _____ County _____

Place of Birth – State/Province _____ City _____ Country _____

MARITAL STATUS AT TIME OF DEATH

Divorced ☐ Married ☐ Married, But Separated ☐ Never Married ☐ Widowed ☐ Unknown ☐

Surviving Spouse: _____
First Middle Last Name (Prior to First Marriage)

Decedent's Occupation: _____ Business or Industry: _____

RACE (Select all that apply)

White ☐ Black ☐ American Indian ☐ Native _____ Asian Indian ☐ Chinese ☐ Filipino ☐

Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian _____ Native Hawaiian ☐

Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander: _____ Other: _____

Hispanic/Haitian Origin:

Not of Hispanic/Haitian Origin ☐ Unknown if Hispanic/Haitian Origin ☐

Yes, of Hispanic/Haitian Origin (Select one)

Mexican ☐ Puerto Rican ☐ Cuban ☐ Other Hispanic_____ Haitian ☐

DECEDENT'S HIGHEST LEVEL OF EDUCATION

8th Grade or Less ☐ 9th thru 12th grade; No diploma ☐ High School Graduate or GED Completed ☐

Some College Credit, But No Degree ☐ Associate Degree ☐ Bachelor's Degree ☐

Master's Degree ☐ Doctorate or Professional Degree ☐ Unknown ☐

ARMED FORCES

Was the Decedent Ever in the U.S. Armed Forces? Yes ☐ No ☐ Unknown ○ Honorably Discharged: Yes ☐ No ☐

If yes, list Service Branch: _____ Years Served: _____ Highest Rank: _____

Did a service-connected disability contribute to the veteran's death? Yes ☐ No ☐

PARENTS INFORMATION

Father's/Parent's Name Prior to First Marriage: _____ Suffix: ____
First Middle Last Name

Mother's/Parent's Name Prior to First Marriage: _____ Suffix: ____
First Middle Last Name

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INFORMANT INFORMATION

Next-of-Kin/Legally Authorized Person _____ Suffix _____
First Middle Last Name

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: _____

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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.