



MEDICAL EXAMINER DEPARTMENT
Public Interment Program (PIP)
(305) 545-2409 Fax



**FINANCIAL DISCLOSURE STATEMENT AND AUTHORIZATION FOR CREMATION
AND DISPOSITION**

NAME OF DECEASED

DATE _____
(MONTH/Day/Year)

I/We, the undersigned, hereby request, authorize and direct Miami-Dade County to cremate the above named remains in accordance with, and subject to the Florida Statutes governing Crematories/Direct Disposers.

I/We understand that Florida Law authorizes the disposal of unclaimed cremains after 120 days from the date of cremation.

I/We agree to indemnify, release and hold Miami-Dade County, its agents and employees harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the deceased, as authorized below:

I/We hereby declare that as the legal next of kin the above referenced decedent, I am/we are unable to assume financial responsibility for funeral arrangements. I/We understand that Miami-Dade County reserves the right to fully investigate all claims of indigence and will diligently seek reimbursement of all funds provided for the final disposition of the decedent.

Print Name

Signature

Relationship to Decedent

Address: _____

City/State/Zip: _____

Telephone: (Day) _____ (Eve) _____

Witness: _____
Print Name

Signature

Address: _____

Telephone: (Day) _____ (Eve) _____

Cremains Disposition: Authorized person will claim ashes Scatter as Appropriate

For PIP Office Use
PIP Case Number: