



Medical Examiner Department
Indigent Cremation Service



Decedent Information

ICS Case Number: _____

1. Deceased: _____ 2. Sex: _____ 3. Age: _____
(first, middle, last)
4. Race: White Black Other (Alaskan, Asian, American Indian or Unknown)
5. Decedent of Hispanic or Haitian origin? Yes (If yes, please specify) No
 Mexican Cuban Puerto Rican Central/South American Other Hispanic (Specify) Haitian
6. Date of Death: _____ 7. Time of Death: _____ A.M. _____ P.M.
8. Date of Birth: _____ 9. Social Security No.: _____
10. Place of Birth: _____
City/State
11. Marital Status: _____ 12. Surviving Spouse: _____
(married, married but separated, never married, single, divorced, widowed)
13. Was decedent in the U.S. Armed Forces: Yes No Unk 14. Highest Grade Completed _____
15. Place of Death: _____
Hospital/E.R., nursing home, residence, other (please specify)
16. Was death inside city limits: Yes No
17. City, Town or location of death: _____
18. Decedent's Usual Occupation: _____ 19. Kind of Business: _____
20. Residence / Address: _____ Zip Code: _____
21. State: _____ County: _____
22. _____ 23. _____
Father's Name Mother's Maiden Name
24. Informant's name: _____ Relationship: _____
Informant's Address: _____
25. Attending physician: _____ Lic #: _____
Full Name
- Phone Number: _____ Fax Number: _____
- Address: _____
26. Form Completed by: _____
Name Title Phone