Medical Examiner Department

Indigent Cremation Service

(305) 545-2409 Fax

Authorization of 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 hereby declare that, as the legally authorized person per Florida Statute 497.005(39), of the above-named decedent, I am/we are unable to assume financial responsibility for disposition of the remains. I/We understand that Miami-Dade County reserves the right to fully investigate all claims of indigence and, if this form is signed under fraudulent pretenses, Miami-Dade County will diligently seek reimbursement of all funds expended by Miami-Dade County for the final disposition of the decedent, along with any associated costs.

I/We agree to indemnify, release and hold Miami-Dade County, its agents and employees harmless from any and all loss, printed errors, 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 and death certificate as authorized below:

_____ _____
PRINT NAME OF PERSON AUTHORIZING CREMATION **SIGNATURE**

_____
RELATIONSHIP TO DECEDENT

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: (HOME/WORK) _____ **(CELL)** _____

Witness: _____ _____
Print Name **Signature**

Cremains Disposition: ☐ **Authorized person will claim ashes.**
☐ **Scatter as appropiate.**

FOR ICS OFFICE USE

ICS CASE NUMBER: _____

Proof of Government Assistance: ☐ **YES** ☐ **NO**

Charge: _____

Method of Payment: _____

Print Form

File Name: ICS-Authorization-Cremation&Disposition-20150622
File Path: Q:\Web Portal Content Documents Per Area\Indigent Cremation Services Day Forward April 2015\ICS-Authorization-Cremation&Disposition-20150622