Medical Examiner Department

Indigent Cremation Service

MIAMI-DADE COUNTY MEDICAL EXAMINER

Decedent Information
(Infant Death)

ICS Case Number: _____

1. Deceased: _____ 2. Sex: _____
(first, middle, last)

3. Race: ☐ White ☐ Black ☐ Asian Indian ☐ Amer. Indian ☐ Chinese ☐ Filipino ☐ Korean ☐ Vietnamese

4. Decedent of Hispanic or Haitian origin? ☐ Yes (If yes, please specify) ☐ No
☐ Mexican ☐ Cuban ☐ Puerto Rican ☐ Central/South American ☐ Other Hispanic (Specify) ☐ Haitian

Fetal Deaths:

5. Clinical estimate of gestation: _____ (Weeks) 6. Date of Delivery: _____

7. Weight of fetus (lbs./oz. OR grams) 8. Time of Delivery: _____
(lbs.) _____ (oz.) _____ (grams) _____

9. Estimated time of fetal death
☐ Before Labor ☐ During Labor ☐ During Delivery ☐ Unknown

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10. Under One Year / Under One Day
Months ☐ Days ☐ Hours ☐ Minutes ☐ Seconds ☐ 11. Time of Death: _____ (24 hours)
12. Date of Death: _____

13. Place of Death: _____
Hospital/E.R./Residence/Other (please specify)

Parents:

14. Mother's Name: _____ Date of Birth: _____

15. Address: _____

16. Father's Name: _____ Date of Birth: _____

17. Informant's Name and Mailing Address: _____

18. Attending Physician: _____

19. Address: _____

20. City/State/Zip Code: _____

21. Phone: _____

22. Form Completed by: _____ _____ _____
Name Title Phone

File Name: ICS-Infant-Death-20210519

Print Form Clear Form

File Location: I:\Web Portal Content Documents Per Area\Indigent Cremation Services Day Forward April 2015\ICS-Infant-Death-20210519