



Medical Examiner Department Indigent Cremation Service



Pre-Approval Checklist

Resident's/Patient's Name: _____

_____ Last _____ First

Race: White Black Other Sex: _____ Age: _____
(Alaskan, Asian, American Indian or Unknown)

In order to determine eligibility for the Indigent Cremation Services, please complete the Pre-Approval Checklist.

1. Will the death occur in Miami-Dade County? Yes No
2. Does the patient/resident have any next of kin or legally authorized person (s)?
 Yes No (If no, please proceed to question # 5)
3. If yes, was the next of kin or legally authorized person notified? Yes No
4. Was the next of kin, or legally authorized person advised of other options, i.e. low-cost funeral homes?
 Yes No
5. If no, has a diligent effort been made to locate next of kin, i.e. certified letter, etc.?
 Yes No (please detail)
6. Was patient account information verified? (nursing home residents/ALF, etc.)
 Yes No
7. Are all applicable ICS forms completed and signed? Yes No

Please indicate form (s) completed: Decedent Information
 Authorization for Cremation & Disposition

PLEASE INCLUDE AN ADMISSIONS FACE SHEET!

COMMENTS: (If additional space is needed, please use agency's letterhead stationery.)

Completed By: _____ Telephone: _____

Facility/Agency: _____ Date: _____

For after hours and weekend removals, contact:

Miami-Dade County - FERT (305) 545-2400 or ICS FAX: 305-545-2409