



## HERNANDO COUNTY DISPOSITION OF HUMAN REMAINS APPLICATION

The programs in the box below provide FREE cremation, filing of death certificates, and transportation. If chosen income and asset information is not needed by the County.

<b>Anatomy Gifts Registry</b>	<b>(800) 300-5433</b> or <a href="http://www.anatomygifts.org/home.html">www.anatomygifts.org/home.html</a>
<b>Biogift</b>	<b>(866) 670-1799</b> or <a href="http://www.biogift.org/">www.biogift.org/</a>
<b>Lifquest Anatomical</b>	<b>(866) 799-2300</b> or <a href="http://www.lifquest-anatomical.com/">www.lifquest-anatomical.com/</a>
<b>Medcure</b>	<b>(866) 560-2525</b> or <a href="http://www.medcure.org/">www.medcure.org/</a>
<b>Science Care</b>	<b>(800) 417-3747</b> or <a href="http://www.sciencecare.com/">www.sciencecare.com/</a>

**Name of Deceased:** \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Date of Death: \_\_\_/\_\_\_/\_\_\_  
 Cause of Death \_\_\_\_\_ Location of Death \_\_\_\_\_  
 Deceased Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_  
 Has the deceased ever served in the United States military? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Was deceased the spouse or dependent child of a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(If yes, please submit verification, DD214 or other information about client's military service.)*  
 Was decedent at a Nursing Home, Assisted Living Facility or Hospice? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, list:* Facility Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Balance of Personal Trust account at ALF/Nursing Facility/Adult Private Home: \_\_\_\_\_  
 Decedent's Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_

**Name of Applicant/Next of Kin:** \_\_\_\_\_ Date: \_\_\_\_\_  
 Address of Applicant: \_\_\_\_\_  
 Contact Number \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

**Please check and sign only one:**

Please sign below if you decided to unclaimed the body and are not requesting the cremains:

Applicant's Signature: \_\_\_\_\_

Please sign if you are applying for indigence and want the cremains returned to you:

Applicant's Signature: \_\_\_\_\_

<b>Other Interested or Related Parties</b>		
<u>Name</u>	<u>Relationship</u>	<u>Contact Information</u>
1.		
2.		
3.		

**Other Information: (Please Check)**

- 1. Objections to use of remains for medical research? Yes \_\_\_ No \_\_\_
- 2. Was decedent a Victim of a Crime? Yes \_\_\_ No \_\_\_
- 3. Any life insurance? Including Auto? Yes \_\_\_ No \_\_\_ Policy No. \_\_\_\_\_
- 4. Did decedent have a Will? Yes \_\_\_ No \_\_\_ (Please provide)
- 5. Are there prepaid funeral arrangements? Yes \_\_\_ No \_\_\_ (Please provide)

*(Complete steps 1, 2, 5 and 6 for the decedent if remains are unclaimed.)*

**Step 1. Income:** List and provide verification of all income in decedent's home over the past 30 days, including decedent's income, minors, an unrelated members income.

(Employment, Self-employment, Unemployment, Worker's Compensation, Rental Income, Interest Income, VA Benefits, Pension, Inheritance, Trust Benefits, Dividends, Annuities, Child Support Alimony, AFDC/TANF (cash assistance), Relative Caregiver, Medical Waiver Funds, Home Care Funds, Social Security SSD, SSI, Retirement, Survivors, any other contributions).

<u>Name &amp; Relationship</u>	<u>SS Number</u>	<u>Income Source</u>	<u>Income</u>
1.			
2.			
3.			
4.			
5.			

Total: \$ \_\_\_\_\_

**Step 2. Assets:** State if decedent and/or household members own the following assets:

House/Homestead: Yes \_\_\_ No \_\_\_ If yes, list address: \_\_\_\_\_

Other Homes/Property: Yes \_\_\_ No \_\_\_ If yes, list address: \_\_\_\_\_

Automobiles: Yes \_\_\_ No \_\_\_ If yes, list Make, Model and Year of all vehicles:

Vehicle #1: \_\_\_\_\_ Vehicle #2: \_\_\_\_\_

Checking Account: Yes \_\_\_ No \_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Savings Account: Yes \_\_\_ No \_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Safe Deposit Box: Yes \_\_\_ No \_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Annuity: Yes \_\_\_ No \_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

CDs, Stocks, Bonds, IRAs: Yes \_\_\_ No \_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Inheritance/Trust: Yes \_\_\_ No \_\_\_

Attorney: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

(Complete steps 3, 4, 5 and 6 if you are requesting decedent's cremains.)

**Step 3. Income:** List and provide verification of all income in the home over the past 30 days, including, minors, an unrelated members income.

(Employment, Self-employment, Unemployment, Worker's Compensation, Rental Income, Interest Income, VA Benefits, Pension, Inheritance, Trust Benefits, Dividends, Annuities, Child Support Alimony, AFDC/TANF (cash assistance), Relative Caregiver, Medical Waiver Funds, Home Care Funds, Social Security SSD, SSI, Retirement, Survivors, any other contributions)

<u>Name &amp; Relationship</u>	<u>SS Number</u>	<u>Income Source</u>	<u>Income</u>
1.			
2.			
3.			
4.			
5.			

Total: \$ \_\_\_\_\_

**Step 4. Assets:** State if applicant and/or any household member owns the following:

House/Homestead: Yes \_\_\_ No \_\_\_ If yes, list address: \_\_\_\_\_

Other Homes/Property: Yes \_\_\_ No \_\_\_ If yes, list address: \_\_\_\_\_

Automobiles: Yes \_\_\_ No \_\_\_ If yes, list Make, Model and Year of all vehicles:

Vehicle #1: \_\_\_\_\_ Vehicle #2: \_\_\_\_\_

Checking Account: Yes \_\_\_ No \_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Savings Account: Yes \_\_\_ No \_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Safe Deposit Box: Yes \_\_\_ No \_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Trust: Yes \_\_\_ No \_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Annuity: Yes \_\_\_ No \_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

CDs, Stocks, Bonds, IRAs: Yes \_\_\_ No \_\_\_

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Inheritance: Yes \_\_\_ No \_\_\_

Name of Attorney: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Total: \_\_\_\_\_

**Step 5. Comments/Other Considerations:**

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**Step 6.**

**(Please read and initial your understanding and certification of the following)**

\_\_\_\_ I hereby furnish the information on pages one through five of this application for Disposition of Human Remains willingly to Hernando County Board of County Commissioners, in accordance with the Florida Statute and policy adopted by the Hernando County Board of County Commissioners.

\_\_\_\_ By signing this application, I hereby certify that the information given is true and complete to the best of my knowledge. I am also certifying that to the best of my knowledge there is no life insurance, other benefits, or income and assets to cover the Cremation / Burial of \_\_\_\_\_ (**decedent's name here**).

\_\_\_\_ I further understand that by signing this application, I am asking the county to take full and complete possession of the deceased body and/or remains to dispose of at public expense. The Cremated remains of the unclaimed body will remain in the control of Hernando County until the County is reimbursed by the applicant, other family members or interested parties. All unclaimed cremated remains will be disposed of at the discretion of the County or in accordance with section 497.607 Florida Statute.

\_\_\_\_ Should the applicant claim indigence, an assessment will be conducted to determine if there is sufficient income and assets to assume responsibility for disposition. The county will use the poverty threshold of 100 percent of the poverty income guidelines as established annually in the Federal Register. If the applicant is determined indigent cremated remains are provided to the family at no cost.

\_\_\_\_ I further understand that the County shall pursue all avenues to recover disposition expenses including any legal remedy when feasible, should the unclaimed decedent have sufficient assets and or resources. Once full reimbursement is received, the County shall authorize the release of the cremated remains to applicant or interested party.

\_\_\_\_ I understand if I intentionally give wrong information or withhold information, that I am violating Florida State Law and can be fined or placed in jail for fraud and/or perjury.

\_\_\_\_ I further understand that the body may be offered to the Anatomical Board for medical education or research. If the body is offered and the Anatomical Board refuses said body, then the provisions of section 406.53, Florida Statutes, as amended, will be followed.

\_\_\_\_ I hereby consent to the release of financial and legal information to Hernando County Health and Human services to determine eligibility for the Disposition of Unclaimed Bodies.

**Applicant Signature:** \_\_\_\_\_

**Relationship to deceased:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Hernando County Health & Human Services Use Only)**

Decedent Name: \_\_\_\_\_

SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ DOD: \_\_\_\_/\_\_\_\_/\_\_\_\_

Funeral Home: \_\_\_\_\_ Telephone: \_\_\_\_\_ Contact: \_\_\_\_\_

Health and Human Services Determination is below:

Health and Human Services verified the information submitted and determined the decedent is unclaimed and will be cremated at the county's expense. Cremains are to be disposed of at the discretion of the county or in accordance with section F.S. 497.607.

HHS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reimbursement Amount: \_\_\_\_\_ Reimbursement Entity: \_\_\_\_\_

Health and Human Services verified the information submitted and determined that the applicant is indigent. Decedent will be cremated at the county's expense and cremains are to be returned to the applicant.

HHS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reimbursement Amount: \_\_\_\_\_ Reimbursement Entity: \_\_\_\_\_

Health and Human Services verified the information submitted and determined the applicant ***is not indigent***. Decedent will be cremated at the county's expense and cremains are ***not to be returned*** to the applicant. Cremains are to be disposed of at the discretion of the county or in accordance with section F.S. 497.607.

HHS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reimbursement Amount: \_\_\_\_\_ Reimbursement Entity: \_\_\_\_\_

Legal Request Submitted: Yes \_\_\_\_\_ No: \_\_\_\_\_

