



HERNANDO COUNTY DISPOSITION OF HUMAN REMAINS APPLICATION

Please consider alternative programs below for your funeral and cremation needs. **FREE** cremation, filing of death certificates, transportation, and other items are provided. If alternative programs are used county government is not involved.

Anatomy Gifts Registry	(800) 300-5433 or www.anatomygifts.org/home.html
Biogift	(866) 670-1799 or www.biogift.org
United Tissue Network	(877)738-6111 or www.unitedtissue.org
Medcure	(866) 560-2525 or www.medcure.org
Science Care	(800) 417-3747 or www.sciencecare.com

Name of Deceased: _____ Date of Birth: ___/___/___
 Social Security Number: _____ Date of Death _____
 Cause of Death: _____ Location of Death: _____
 Deceased Address: _____ City: _____ Zip: _____

- Did the deceased die in Hernando County Yes __ No __
- Objections to use of remains for medical research? Yes __ No __
- Was deceased a Victim of a Crime? Yes __ No __
If yes, pursue Crime Victims Compensation Benefits at 1-800-226-6667 or visit their website at www.myfloridalegal.com/victim-compensation.
- Did deceased die because of an automobile accident? Yes __ No __
If yes, proof of Insurance denial must be submitted with application.
- Did deceased die because of a work-related accident? Yes __ No __
If yes, proof of Worker's Compensation denial must be submitted with application.
- Did deceased have a Will, plot, or prepaid funeral arrangement? Yes __ No __
Submit a copy of will, plot, and prepaid funeral documents with application.
- Was the deceased a Veteran, Active-Duty, Reserve, or Guard? Yes __ No __
If yes, please provide DD214 and/or proof of benefit denial with application.
- Was the deceased a spouse or dependent child of a veteran? Yes __ No __
If yes, please provide DD214 and/or proof of benefit denial with application.
- Was the deceased at a Nursing Home, Assisted Living Facility or Hospice? Yes __ No __
 If yes, provide Name of Facility _____ Personal Account Amount _____
- Was deceased incarcerated at time of death? Yes __ No __

Name of Applicant/Next of Kin: _____ Relationship: _____
 Address of Applicant: _____ Phone: _____

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: _____

(Complete steps 1 and 2 on behalf of 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 & 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: \$ _____

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

(Complete steps 3 and 4 with your information, 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 & 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:

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

_____ I hereby furnish the information on all pages 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 certifying that to the best of my knowledge there is no life insurance, other benefits, income and/or assets to cover the Cremation / Burial of _____.

_____ 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 if still in possession.

_____ 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:** _____