




# Orange County Public Burial and Cremation Service Program


## Closest Relative


Decedent: \_\_\_\_\_ CASE/CRNA #: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

DOD: \_\_\_\_\_ SS: \_\_\_\_\_

I am the closest relative/legally responsible party of the decedent and **confirm that I am NOT claiming the body to make private arrangements.** I understand that Orange County is the legally responsible party for unclaimed bodies and will provide cremation or burial services according to the existing Orange County regulations, guidelines and procedures for the disposition of unclaimed bodies. **INITIAL:** \_\_\_\_\_ 

I understand that Orange County may file a claim against the estate of the deceased person, if any exists, to recover the cost of services provided by this program, including probate court costs, if allowed by law. **INITIAL:** \_\_\_\_\_ 

I hereby declare that I do not know of any person in the next degree of kinship to have any objections to in my decision to utilize this program in my effort to either casket bury, claim the cremated remains or not claim the cremated remains. **INITIAL:** \_\_\_\_\_ 

I agree to cremation. **INITIAL:** \_\_\_\_\_ 

In the event of cremation, I would like to receive the cremated remains. Cremains must be picked up or shipped within 30 days. The Orange County Public Burial & Cremation Program does not cover the cost of shipping the cremains. The applicant bears shipping costs. **INITIAL:** N/A

Although I am not claiming the body, I understand that I may request for Orange County to complete a Veteran casket burial based off of the Decedent's eligibility per the Veteran's Administration. **INITIAL:** N/A

I am requesting a direct Veteran casket burial for the Decedent. **INITIAL:** N/A

I understand that interment is based off of eligibility to be determined by the Veteran's Administration. **INITIAL:** N/A

I will provide any documentation I have to support the above named Decedent is a Veteran. **INITIAL:** N/A

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Orange County Health Services  
Public Burial & Cremation Program  
101 S. Westmoreland Drive Orlando, FL 32805  
Phone: (407) 836-2642 Fax (321) 321-8216

# Orange County Public Burial and Cremation Program

## Legally Responsible Party

1. Decedent name     
*First Name* *Middle Name* *Last Name*

2. Decedent date of birth     
*MM* *DD* *YY*

Under Florida law, Orange County is the legally responsible party for the disposition of the body of the above referenced decedent.

I am aware that Orange County intends to follow its standard policy of cremation and will be cremating the decedent.

If I desire a burial instead of a cremation, I may request information from Program Office Staff.

Your printed name     
*First Name* *Middle Name* *Last Name*

Your signature

Signature date     
*MM* *DD* *YY*

**Office use only:**

Case number

Program Office Staff Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Declaration for Disposition of Decedent's Cremains

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

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Legal relationship to the decedent: \_\_\_\_\_

I hereby declare that I do not know of any person(s) in the next degree of kinship to have any objections in my agreement to allow Orange County Public Burial Program to cremate and later bury the cremains for Decedent name: \_\_\_\_\_

Claimant signature and signature date:

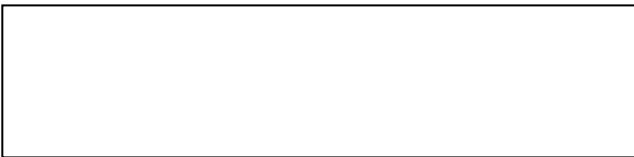
\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the processing of this application.**

**To be considered for services from Orange County Public Burial and Cremation Program, this form must be notarized.**

Notary Certification:  
STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.



\_\_\_\_\_  
(Name of Notary)

\_\_\_\_\_  
(Notary Signature)

Orange County Public Burial and Cremation Program

District Nine and Twenty Five  
**Medical Examiner's Office**  
2350 E. Michigan Street □ Orlando, FL 32806  
Phone (407) 836-9400 □ Fax (321) 321-8176

\*Please only complete this form if the Decedent is currently at the Medical Examiner's Office.\*

**Release Authorization**

Decedent \_\_\_\_\_ ME# \_\_\_\_\_  
Last First  
Decedent Home Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_ DOB \_\_\_\_\_  
Race \_\_\_\_\_

Next of Kin Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_  
Next of Kin Signature \_\_\_\_\_

*The above signed certifies and affirms that they are the closest next of kin to the deceased. As next of kin, they hereby authorize the District Nine Medical Examiner's Office in Orlando, Florida to release the body of the decedent, whose name is indicated above, to the funeral home or transport service provided by the family-selected funeral home listed below \*.*

Funeral Home Information

Orange County Public Burial & Cremation Program

Funeral Home Waldon Professional Funeral & Cremation Services, LLC  
Address 3560 Plymouth Sorrento Road  
City Apopka State/Zip FL, 32712  
Phone (321) 363-1592 Fax (321) 363-3294  
Transport Service \_\_\_\_\_  
Witness Name \_\_\_\_\_  
Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

\* The District Nine Medical Examiner's Office assumes no financial responsibility for any costs, charges or fees associated with the disposition or transportation of the remains.