

RESOLUTION NO. 2017- 105

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA, ADOPTING A NASSAU COUNTY INDIGENT CREMATION/BURIAL APPLICATION AFFIDAVIT FORM, AS AMENDED FROM TIME TO TIME

WHEREAS, the Board of County Commissioners has the responsibility for disposing of remains of unclaimed and unclaimed indigent persons who died or were found deceased in Nassau County; and

WHEREAS, the Board of County Commissioners of Nassau County, Florida, is desirous of providing a form that can be used by funeral homes in order that they may obtain all the necessary financial information to determine the indigency of an applicant requesting assistance of the County for the indigent cremation or burial of a deceased individual; and

WHEREAS, the financial information obtained will be used to determine whether the Board of County Commissioners can remit the funds to the funeral home for the services rendered for the deceased; and

WHEREAS, the Board of County Commissioners, pursuant to §§406.49 – 406.53, Florida Statutes, as amended from time to time, has created a policy; and

WHEREAS, the Board of County Commissioners of Nassau County, Florida, desires to adopt the attached Application/Affidavit form to be used to provide greater transparency as to the indigent status of the deceased or next of kin.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Nassau County, Florida as follows:

SECTION 1. PURPOSE

Nassau County has the responsibility of disposing of the remains of unclaimed and unclaimed indigent persons who died in Nassau County.

This policy is to provide procedures in accordance with Chapter 406, Florida Statutes, as amended from time to time, for the decent and dignified burial or cremation of deceased persons or their remains that are required to be buried or created at the public's expense. This resolution is not a program to supplement funeral expenses. The provisions of Chapter 406, Florida Statutes, are intended to supplement this resolution and if there is a contradiction, Chapter 406, prevails.

SECTION 2. POLICY

1. In accordance with Chapter 406, Florida Statutes, this resolution is applicable to a deceased person who meets the following criteria:
 - a. The decedent's death occurred or remains were found in Nassau County, Florida and either:
 1. Not claimed by a legally authorized person and not claimed for final disposition.
 2. The deceased is under the control of a funeral home and is found to be indigent.
 2. A court of competent jurisdiction can enter an order effecting the disposition of such body or remains.

SECTION 3. PROCEDURE

A person or entity that comes into possession, charge, or control of unclaimed remains that are required to be buried or cremated at public expense shall immediately notify the anatomical board, unless:

- a. The unclaimed remains are decomposed or mutilated by wounds;
- b. An autopsy is performed on the remains;
- c. The remains contain a contagious disease;
- d. A legally authorized person objects to use of the remains for medical education or research; or

- e. The deceased person was a veteran of the United States Armed Forces, United States Reserve Forces, or National Guard and is eligible for burial in a national cemetery or was the spouse of dependent child of a veteran eligible for burial in a national cemetery.

If the body is under the control of the funeral home, the funeral home shall provide:

1. A copy of notification to the State's Anatomical Board headquartered at the University of Florida Health Science Center, and the response, unless:
 - a. the unclaimed remains are decomposed or mutilated by wounds;
 - b. the remains contain a contagious disease;
 - c. autopsy was required to determine cause of death;
 - d. a legally authorized person objects to use of the remains for medical education or research;
 - e. a legally authorized person or a relative by blood or marriage claims the remains for final disposition at his or her expense, or if such relative or legally authorized person is also an indigent person;
 - f. the deceased person was a veteran of the United States Armed Forces, United States Reserve Forces, or National Guard and is eligible for burial in a national cemetery.
2. An original of the County Indigent Cremation/Burial Application/Affidavit properly filled out and executed.
3. An invoice, signed by the funeral home indicating the cost and the method of final disposition by either cremation or burial.
4. An affidavit, when the body is unclaimed or remains unknown, as set forth in Exhibit "B".

SECTION 4. FORM

The form entitled "Nassau County Indigent Cremation/Burial Application/Affidavit", attached hereto as Exhibit "A" is hereby adopted.

The form entitled "Nassau County Unclaimed and/or Unknown Remains Disposition Screening Form", attached hereto as Exhibit "B" is hereby adopted.

SECTION 5. PAYMENT


Nassau County shall pay to a funeral home the sum of \$750.00 for a cremation or the sum of \$750.00 for the burial of an indigent decedent, subject to the completed "Nassau County Indigent Cremation/Burial Application/Affidavit".

SECTION 6. EFFECTIVE DATE

This Resolution shall become effective upon its adoption.

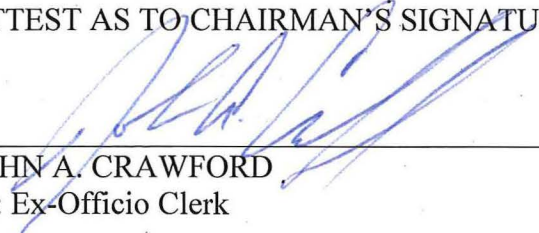
DULY ADOPTED this 10th day of July, 2017.

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA



DANIEL B. LEEPER
Its: Chairman

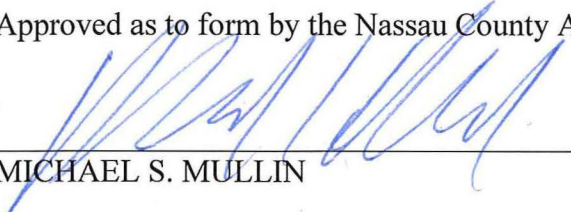
ATTEST AS TO CHAIRMAN'S SIGNATURE:



JOHN A. CRAWFORD
Its: Ex-Officio Clerk

MES
07-11-17

Approved as to form by the Nassau County Attorney:



MICHAEL S. MULLIN

EXHIBIT "A" TO RESOLUTION NO. 2017- 105
NASSAU COUNTY INDIGENT CREMATION/BURIAL APPLICATION/AFFIDAVIT

Deceased Information

Name of Deceased _____ Social Security Number _____
Date of Birth _____ Place of Birth (City/State) _____
Address _____
Male _____ Female _____ Date and Time of Death _____
Location of Death _____ Location of Remains _____
Length of Residency _____ Occupation/Employer _____
Veteran of War? _____ Branch of Service _____
Marital Status _____ If Married, Spouse Name _____
Father's Name _____ (if a minor) Mother's Name _____ (if a minor)
Father's Employer/Occupation _____ (if a minor)
Mother's Employer/Occupation _____ (if a minor)

ATTACH A COPY OF DEATH CERTIFICATE

Applicant's Information (Next of Kin/Informant)

Name of the Applicant(s) _____
Application Date _____
Address of Applicant _____
Additional Address of Applicant _____
Phone _____ Relationship to Deceased _____

ATTACH A COPY OF A VALID FLORIDA DRIVERS LICENSE OR FLORIDA PICTURE IDENTIFICATION CARD.

The following financial information is used to determine if the County can remit funds:

Deceased (to be provided by Next of Kin/Informant)

Monthly Income _____ Source of Income _____
Any Bank Accounts – *yes or no* ___ Account Balance \$ _____ (include copies of two months of bank statements)
Name and Location of Bank(s) _____
If in a nursing home, how much in Medicaid does deceased have in personal spending account \$ _____
Patient Fund – *yes or no* _____. If yes, provide a copy of the balance.
The name of nursing home or assisted living facility: _____
Life Insurance – *yes or no* _____. If yes, provide copy of Life Insurance policy.
Trust Fund – *yes or no* _____. If yes, provide copy of Trust Fund.
Real Property: Address: _____ PIN: _____
Attach a copy of a current income tax statement.

Applicant (if Next of Kin)

Monthly Income _____ Source of Income _____
Any Bank Accounts – *yes or no* ___ Account Balance \$ _____ (include copies of two months of bank statements)
Name and Location of Bank _____

The undersigned affiant, does hereby under oath acknowledge and agree that under penalties of perjury, I declare the above statements to be true to the best of my knowledge and belief.

Additional Information: _____

Applicant Signature(s): _____ Date: _____

Additional Signature of Applicant _____

Witness Signature: _____ Date: _____

Print Name _____

THE INFORMATION PROVIDED MAY BE VERIFIED BY THE COUNTY.

State of Florida
County of _____

The foregoing instrument was acknowledged before me this ____ day of _____ 2017, by _____, who is personally known to me or who has produced _____ as identification and who did take an oath.

Notary Public
Printed Name
My Commission Expires: _____

Funeral Home Provider:

This affidavit is submitted by the Funeral Home:

Company _____
Authorized Representative Signature _____
Printed Name of Authorized Representative _____

Date: _____

Contact Information:

E-Mail Address: _____

Phone Number: _____

Mailing Address: _____

1. I have accepted the above referenced decedent for cremation or burial.
2. _____ (funeral home) will not accept any other funds except for the \$750.00 and _____ (funeral home) is not aware of any other known funds for the cremation/burial.
3. If any other funds are received by the funeral home above the referenced amount, those funds will be immediately turned over to Nassau County, Florida.
4. I have determined that the deceased is not a veteran and is not eligible for burial in a national cemetery.

FUNERAL HOME DIRECTOR SIGNATURE

THE INFORMATION PROVIDED MAY BE VERIFIED BY THE COUNTY.

State of Florida
County of _____

The foregoing instrument was acknowledged before me this ____ day of _____ 2017, by _____, who is personally known to me or who has produced _____ as identification and who did take an oath.

Notary Public
Printed Name
My Commission Expires: _____

COMMENTS (if any):

EXHIBIT "B" TO RESOLUTION NO. 2017-105
NASSAU COUNTY UNCLAIMED AND/OR UNKNOWN REMAINS
DISPOSITION SCREENING FORM

Funeral Home

Company _____

Authorized Representative Signature _____

Printed Name _____

Mailing Address _____

Phone Number _____ Date _____

Email Address _____ Mailing Address _____

Deceased Information: (if known)

Name of the deceased _____

Date of Birth (if known) _____

Social Security Number (if known) _____

Date of Death _____ Location of Death _____

Length of Residency (if known) _____

Location of Remains _____

Cause of Death _____

Nursing Home Name _____ (if applicable)

Marital Status _____ (if known) If Married, Spouse Name _____ (if known)

Was the decedent a United States Military Veteran? _____

If yes, what time period did the deceased serve? _____

What branch of the military _____

Information of Next of Kin (if known)

Name _____

Address _____

Age _____ Relationship to the Deceased _____

Telephone Number _____

Eligibility Criteria (Circle *yes or no*)

Victim of a Crime *yes or no*

Burial authorized by state anatomical board *yes or no*

Copy of anatomical board letter indicating the body is not accepted (attached)

Funeral Home Provider:

This affidavit is submitted by the Funeral Home:

Company _____

Authorized Representative Signature _____

Printed Name of Authorized Representative _____

Date _____

Contact Information:

E-Mail Address _____

Phone Number _____

Mailing Address _____

1. The next of kin has refused to claim the remains of the deceased.
2. The next of kin has executed the attached affidavit refusing to claim the remains of the deceased.
3. The deceased is unclaimed and identity is unknown.
4. _____ shall take full responsibility for the cremation/burial.
5. A copy of the death certificate is attached.
6. _____ has determined that the deceased is not a veteran and is not eligible for burial in a national cemetery.
7. _____ will provide an invoice for the cremation/burial and the cost shall not exceed \$750.00 and _____ is not receiving any other funds for the cremation/burial.

The undersigned affiant, does hereby under oath acknowledge and agree that under penalties of perjury, I declare the above statements to be true to the best of my knowledge and belief.

FUNERAL HOME DIRECTOR SIGNATURE

State of Florida
County of _____

The foregoing instrument was acknowledged before me this ____ day of _____ 2017, by _____, who is personally known to me or who has produced _____ as identification and who did take an oath.

Notary Public
Printed Name
My Commission Expires: _____

NASSAU COUNTY INDIGENT CREMATION NEXT OF KIN STATEMENT

Name: _____

Relationship to Deceased: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: _____

Are you aware of any relative who could assume responsibility for the Deceased:

Yes: _____ No: _____ If yes, please provide the following information:

Name: _____ Relationship to Deceased _____

Address: _____

City _____ State _____ Zip Code _____

Phone: _____

I, _____, authorize

_____ to cremate the body of _____

consistent with the County's Unclaimed and Indigent Remains Disposal Policy and Procedures. I do not claim the body of _____.

I agree to indemnify and hold the County harmless from all claims, damages, liabilities, or suits of any nature whatsoever arising out of, because of, or due to the cremation, including but not limited to costs and reasonable attorney's fees.

The undersigned affiant, does hereby under oath acknowledge and agree that under penalties of perjury, I declare the above statements to be true to the best of my knowledge and belief.

SIGNATURE

DATE

State of Florida
County of _____

The foregoing instrument was acknowledged before me this ____ day of _____ 2017,
by _____, who is personally known to me or who has produced
_____ as identification and who did take an oath.

Notary Public
Printed Name
My Commission Expires: _____