



Alcona-Alpena-Antrim-Clare-Crawford-Huron-Lake-Mecosta-Montcalm-Montmorency-Oceana-Ogemaw
Oscoda-Otsego-Newaygo-Wexford

UNCLAIMED BODY Intake Form

****Please attach death certificate, unclaimed intake form and statement of service invoice to records@mmmeg.org

Facility / Hospice: _____ Phone# _____

Contact

Name: _____ Date: _____

DECEDENT NAME	
DATE OF DEATH	
COUNTY OF DEATH	
COUNTY OF DOMICILE	
As the facility representative, I do not foresee any claim to the decedent within the next 6 months. M.E. please proceed promptly w/unclaimed application. I attest that mileage is added to drop off the cremated remains to the designated storage for unclaimed remains.	Yes____ No____ Signed: _____
LAST KNOWN ADDRESS	
OWN OR RENT	
ANY RELATIVES LIVING WITHIN HOUSEHOLD 90 DAYS PRIOR (LIST NAMES)	
LAST KNOWN EMPLOYER & PHONE# IF AVAILABLE	
NEXT OF KIN	
WERE THEY NOTIFIED	
Is Next-of-Kin Abandoning the decedent? Y/N If Y, are they aware of SER benefits they can file to Claim the body?	

DID THEY DECLINE RESPONSIBILITY? WHY?	
SURVIVING SPOUSE NAME PHONE #	
CHILDREN?	
CHILD #1 NAME	
PHONE #	
CHILD #1 CONTACTED Y/N	
CHILD #2 NAME	
PHONE #	
CHILD #2 CONTACTED Y/N	
CHILD #3 NAME	
PHONE #	
CHILD #3 CONTACTED Y/N	
POWER OF ATTORNEY NAME AND PHONE#	
LIST ANY AND ALL ATTEMPTS TO CONTACT DECEDENT'S FAMILY AND OR GUARDIAN/POWER OF ATTORNEY	
CURRENT LOCATION OF BODY	
VETERAN YES/NO HOW WAS FIELD 14 FILLED ON DC? The Local Veterans Services office will need to be Contacted if YES.	
MEASURES TAKEN (ASSETS) WHEN BENEFICIARY IS RESPONSIBLE RELATIVE: LIFE INSURANCE, WILL, MONEY ACCOUNTS, SOCIAL SECURITY WHEN SURVIVING SPOUSE, VETERAN BENEFITS, PREARRANGED FUNERAL ARRANGEMENTS, ORGANIZATION DONATIONS YES OR NO AND LIST ALL THAT APPLY:	
CIRCUMSTANCE OF DEATH	

HOW DID YOU RECEIVE POSSESSION OF DECEDENT?	
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Facility / Hospice

To my knowledge there is no next of kin that at this point or any point in the future is planning on claiming the decedent. If there is then SER benefits available for them to file for assistance as the Medical Examiner is the last in line when there is no other person to file or claim.

I attest that the remains will be stored in the designated morgue and mileage is already listed on the invoice. Unclaimed remains are recorded in a national database and it is pertinent that the Medical Examiner has knowledge of the remains location at all times.

Signed Date

MEDICAL EXAMINER USE BELOW

Donation Facility: _____ (not accepting unclaimed donations until further notice 010/01/2024) University of Michigan 734-764-4359 business hours 888-209-9191 after hours.

Veteran Yes/No (Contact veteran services @ _____). Death Certificate

Statement of Services w/signature of FH: _____

MDILOG, Daily Death Log, and Namus Information Upload: _____

Is the body being stored at Otsego or Big Rapids morgue Yes/No

Is the Body being stored at the funeral home: Yes/No

Office Use Only:

Date Filed DHHS Application: _____

DHHS Application tracking number: _____

Accepted _____ Denied _____

Reason for Denial: _____