



Disposition of Unclaimed Decedents
Funeral Home Application
OTERO COUNTY, NEW MEXICO

Healthcare Services Department
1101 New York Avenue
Alamogordo, NM 88310
Phone: 575-434-4902
Fax: 575-434-2888

A. DECEDENT INFORMATION				
1a. Full Legal Name:		2a. Last name prior to first marriage:	3a. Weight:	4a. Sex/Gender:
			<input type="checkbox"/> 0-299 lbs <input type="checkbox"/> 300+lbs	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other:
5a. SSN:	6a. Date of Birth:	7a. Resident Address:		8a. Place of Birth (City, State, Country):
9a. Education:		10a. Hispanic origin:	11a. Race - Check one or more to indicate what the decedent considered themselves to be:	
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9-12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credits, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree, (e.g. BA, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) <input type="checkbox"/> Professional Degree (e.g. MD, JD, DDS) <input type="checkbox"/> Unknown		<input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Spanish/Hispanic <input type="checkbox"/> Yes, Mexican/Mexican American <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Latino <input type="checkbox"/> Yes, other Hispanic origin - Specify: < _____ > <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Unknown <input type="checkbox"/> Other Asian - Specify: < _____ > <input type="checkbox"/> Other Pacific Islander - Specify: < _____ > <input type="checkbox"/> Native and Alaskan American - Specify: < _____ > <input type="checkbox"/> Other - Specify: < _____ >	
12a. Does the decedent's remains have a pacemaker, or any radiation producing implant device, or other life-sustaining device that could be explosive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				
B. U.S. ARMED FORCES				
1b. Served in the U.S. Armed Forces:	2b. Is the DD214 available:	3b. Did decedent have a spouse buried at a National or State Cemetery for veterans?		
<input type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> Yes, branch -	<input type="checkbox"/> No <input type="checkbox"/> Yes (attach)	<input type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> Yes. Where? - < _____ >		
C. INFORMATION OF DEATH				
1c. Date of Death:	2c. Pronouncement Time:	3c. Decedent's Current Location:	4c. Place of Death: <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other < _____ >	
D. INSURANCE INFORMATION				
A search for insurance policies may be performed using the National Association of Insurance Commissioners Life Insurance Policy Locator tool. https://eapps.naic.org/life-policy-locator/#/welcome				
1d. Did Decedent Own a Life Insurance Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		2d. Did decedent own a burial or funeral insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
3d. List all beneficiaries.				
Beneficiary Name		Address	Policy Number	Amount
a.				\$
b.				\$
E. ESTATE AND ASSETS				
1e. Are you or your agency aware of any assets or an estate that belongs to the decedent?		2e. List the known assets of the estate. Attach copies of supporting documentation.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Asset Item	Bank/Company Name	Address
		a.		
		b.		
F. LAST WILL AND TESTAMENT				
1f. Does the decedent have a Last Will and Testament?		2f. Location of last will and testament: Name of person or agency <input type="checkbox"/> Address <input type="checkbox"/> Phone Number		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		a.		
G. NEXT OF KIN INFORMATION				
1g. Were next-of-kin or persons with special care and concern located? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2g. Have next-of-kin or persons with special care and concern indicated an interest in payment for disposition of decedent? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3g. Marital Status at time of death: <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		4g. If married, what city, county, and state was the marriage certificate issued?		
5g. Spouse's Name and Address (Include Maiden)		Phone:	Date Notified:	Status (Check One) <input type="checkbox"/> Under 18 <input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Unk <input type="checkbox"/> Over 18
6g. Father's Full Name and Address		Phone:	Date Notified:	Status (Check One) <input type="checkbox"/> Under 18 <input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Unk <input type="checkbox"/> Over 18
7g. Mother's Full Name and Address		Phone:	Date Notified:	Status (Check One) <input type="checkbox"/> Under 18 <input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Unk <input type="checkbox"/> Over 18
8g. Child's Full Name and Address (1)		Phone:	Date Notified:	Status (Check One) <input type="checkbox"/> Under 18 <input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Unk <input type="checkbox"/> Over 18
9g. Child's Full Name and Address (2)		Phone:	Date Notified:	Status (Check One) <input type="checkbox"/> Under 18 <input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Unk <input type="checkbox"/> Over 18
10g. Other NOK Full Name, Address, and Relationship (1)		Phone:	Date Notified:	Status (Check One) <input type="checkbox"/> Under 18 <input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Unk <input type="checkbox"/> Over 18
11g. Other NOK Full Name, Address, and Relationship (2)		Phone:	Date Notified:	Status (Check One) <input type="checkbox"/> Under 18 <input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Unk <input type="checkbox"/> Over 18
H. AGENCY SIGNATURE				
Signature:		Print Name:	Title:	Phone Number:
Email Address		Funeral Home Name and Address:		

*** Attach all internal agency notes that outline your agency's due diligence to identify the body and notify next-of-kin.

This application is for any funeral home or healthcare organization to apply for unclaimed decedent status of an individual in its possession that has not been claimed by a friend, relative, or other interested person assuming the responsibility for and expense of disposition. The application cannot be submitted less than two weeks after death or discovery of the body.

The information on this application should be collected using the normal course of operations. This form is to be filled out as complete as possible and to the best of your knowledge. If you do not know the information being asked, please leave that section blank.

Hospitals and other healthcare organizations: If your organization is in possession of a body in which the death has been properly reported, cause of death was known, and no family or friends have financially claimed the body, your organization may submit this application for the County.

By submitting the Disposition of Unclaimed Decedents Application, you and your agency agree to the terms and conditions provided herein and will be subject to all governing statutes.

Governing State Statutes:

Chapter 24 Article 12 Disposition of Dead Bodies
Chapter 24 Article 12A Cremations
Chapter 24 Article 13 Burial of Indigents

You may at any time contact the Department with questions or concerns about the application process. Investigative activities into the decedent's status will not occur until an application has been completed and submitted.

New Vendor Funeral Homes: All funeral homes or crematories must submit the Vendor Master Request Form, a completed W-9, and a price listing for direct burial and cremations when submitting an application for the first time. We will keep this information on file for future use. We may, from time to time, request updated information. Updated forms may be found here: <http://www.co.tero.nm.us/391/Forms>

Submitting Applications: DO NOT EMAIL applications. You may send applications via U.S. Postal Service or facsimile. We do not have an online portal to submit applications.

Mail to: **Otero County Healthcare Services Department**
1101 New York Avenue
Alamogordo, NM 88410
Fax: 575-434-2888

Once an application has been submitted, no further action can be taken regarding the decedent's disposition without written direction from the Department.

Authority: The county's authority is strictly to determine if a decedent is indigent or unclaimed for the purpose of taking legal custody of the decedent and authorizing disposition. As part of the activities of a proper investigation, we may determine the party who has priority before the county to take custody of the decedent and authorize disposition.

Eligibility: Each vendor must provide proof of attempts to contact and correspond with known next-of-kin. Any notes or documents supporting out-reach to next-of-kin must be attached to the application. We may contact each vendor for additional information and clarification.

The decedent must have resided in Otero County at the time of death. If the county of the decedent's residence is unknown, then the decedent must have expired within Otero County.

Copies of any documents or knowledge regarding decedent identity, residency, and estate in your agency's custody must be attached and provided.

Processing: The Healthcare Services Department requires a minimum of two weeks to process and conduct an investigation of each application. However, we reserve the right to extend the time frame on a case-by-case basis. For example, if a family member or friend expresses interest in taking responsibility for and expense of disposition, we will give them time and opportunity to make disposition arrangements. We ensure due process has been provided to all interested persons prior to asserting legal custody of the decedent.

Custody of Body: Upon the county's determination that a decedent is unclaimed or indigent, the county will have legal custody of the body.

Unusual Circumstance: Otero County reserves the right to go beyond the terms herein in unusual circumstances or as it deems necessary.

Death Certificate: The death certificate must be provided upon completion of burial or cremation services for all decedents.

Assets and Estate: If the funeral home becomes aware at any time of any assets or estate of any value for an individual determined to be unclaimed or indigent, the funeral home must report that information to the Department.

Next-of-Kin: If the funeral home becomes aware of any next-of-kin or person with special care and concern, the funeral home must report that information to the Department.

Due Diligence: All funeral homes, hospitals, and other healthcare organizations in possession of a body must perform standard business activity to identify the decedent and locate legal next-of-kin.

Manner of Disposition: Otero County provides for direct cremation only, except for on a case-by-case basis.

Time frame to provide services: All cremations and burials must occur no later than 30-days after the determination has been made by the county.

Acceptance of money from family and friends (NMSA 1978 §24-13-6 & 24-13-7): If the county takes legal custody of the decedent and direct disposition services have been rendered, any money received by the funeral home shall be reported to the county and payment delivered to the county.

If the county has not taken legal custody of the decedent or has taken legal custody but direct disposition services have not been rendered, and the funeral home accepts and receives money from family or friends of the decedent, the funeral home must notify the county immediately of the payment or offer of payment. The county shall no longer pay for disposition services.

You must provide any contract or agreement signed by family or friends. You must also indicate if any services have been provided in relation to that contract or agreement.

Failure to notify the county of these facts will make the funeral home liable to the county in an amount double the amount paid or to be paid by the county.

Cremation Services: All funeral homes and crematories providing cremation services will be paid \$1,000 for direct cremation services including, but may not be limited to: removal from the place of demise or discovery, refrigeration and sheltering of remains, container for cremated remains, death certificate, and mailing the remains via the U.S. Postal Service to the Department.

In-County crematories must notify the Department to pick-up the cremated remains for storage upon completion of services.

Out-of-County funeral homes and crematories providing cremation services must mail cremated remains via the U.S. Postal Service to the Department.

Storage of Cremations: The county will store cremated remains as of July 1, 2023. All remains cremated before July 1, 2023 will continue to be stored at the authorized funeral home or crematory.

Release of Cremated Remains: A funeral home or crematory authorized to store cremated remains is not permitted to release the remains until notice is sent from the Department authorizing release and specifying to whom to release the remains.

Burial Services: Direct burials are only approved by the Department if cremation services cannot be safely provided to the decedent. All funeral homes will be paid \$1,000 for direct burial services, including, but may not be limited to: removal from the place of demise or discovery, refrigeration and sheltering of remains, lowest cost burial container, activity to arrange burial, transportation to cemetery, and death certificate.

All non-veteran decedents in Otero County will be buried in a perpetual care plot at the Monte Vista Cemetery with a temporary marker indicating the name, date of birth, and date of death.

All non-veteran decedents not in Otero County must be buried in a perpetual care plot at the closest publicly owned cemetery with a temporary marker indicating the name, date of birth, and date of death. The Department will pay up to an additional \$1,000 for the cost of the grave site and opening and closing a grave. All proof of expenses must be attached to the invoice.

Documentation showing the date of burial and location of grave sit must be provided with an invoice.

Veteran Decedents: All remains will be buried at the Santa Fe National Monument, unless otherwise authorized by the Department.

Invoicing: All vendors must submit an invoice for services after completion of services.

Personal Effects of the Decedent: All personal effect of the decedent must be logged, accounted for, reported, and turned over to the Department.

Appeals and Hearings: If you believe a decision was made in error, a written request for a hearing must be submitted to the Department within 30 days, or the decision will be made final. The Otero County Board of Commissioners will be informed of the appeal and a date will be set for a first hearing. If you are dissatisfied with the Board's action on reconsideration, a second hearing request must be sent to the Department within 15 days from the date of reconsideration. The second hearing will be scheduled within 30 days with a hearing officer. The hearing officer will issue a decision within five days. Judicial review may be sought after pursuant to NMRA, Rule 1-074.