



General Price List

F041565

Prices are effective April 10, 2017 and are subject to change.

Direct Cremation

Includes alternate container required by FL Law
 Includes temporary plastic urn and cardboard mailer
 Includes procuring and filing of original death certificate.
 Certified Copies of Death Certificate are an additional charge of \$20.00
 Non-Contagious Disease Letter \$20.00 additional charge
 Includes notification to Social Security of Death
 Includes fee charged by Medical Examiner's Office for cremation approval
 Includes removal of remains from place of death to our holding facility
 Includes fee for our basic services and overhead and is included in the cost of a direct cremation

Miami-Dade County.....	\$515
Broward County.....	\$515
West Palm Beach County.....	\$715

Shipping & Handling of Cremains or Urn

postage included

Dade or Broward Counties	\$65
Elsewhere in State of Florida.....	\$85
Outside Florida	\$100

Scattering of Cremains at Sea (optional)..... \$100

ID of Remains (optional)..... \$100
 private family members only, photo id required

Witness of Cremation Process (optional)..... \$150
 private family members only, photo id required

Mail Death Certificates via UPS.....\$25

Urns

One Temporary Plastic Urn Included - Additional Adult \$20.00 each - Infant \$10.00 each.

Storage of Remains in Excess of 5 Days is \$10.00 per Day

Cash advanced items such as certified copies of death certificates, these are cash advance items paid by Allen & Shaw Cremations, Inc. in your behalf and will be added to your statement.

The goods and services shown are those we can provide to our customers. You may choose only the items you desire. If legal or other requirements mean you buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the services you selected.

Received by **X** _____
 (Signature)



Body Release & Cremation Authorization Form

I, the undersigned, certify, warrant and represent that I have full legal right and authority to authorize **Allen & Shaw Cremations, Inc** Lic# F041565 and/or their agents to remove, take possession of, transport and arrange for the final disposition for the remains of: _____, age _____ who died in _____ County, Florida on the _____ day of _____ at _____ am/pm. I, the undersigned, certify, warrant and represent that I have full legal right and authority to authorize **Allen & Shaw Cremations, Inc.** to make arrangements for the cremation and that the cremains be: **(Pick up, Scatter at Sea or Ship) If pick up, who is authorized. If ship please write address.**

- _____
- _____
- _____

The cremation shall be performed in accordance with all governing laws, rules, regulations and policies of Allen & Shaw Cremations, Inc. the crematory, the State of Florida and the following terms and conditions.

1. The remains of the deceased must be in a combustible, leak resistant, rigid container.
2. To prevent damage to the cremation chamber, I authorize the removal of any type of implanted mechanical or radioactive devices(such as pacemakers, etc.).
3. The deceased will be cremated using the application of intense heat and flame and that the cremains, consisting primarily of bone fragments will be mechanically processed to an unidentifiable consistency prior to placement in an urn or other container. I further understand and acknowledge, that even with the exercise of reasonable care and the use of the crematory's best efforts, it is not possible to recover all particles of the cremated remains remaining in the cremation chamber and/or devices used to process the cremated remains.
4. I understand that Florida Statute, Section 497.607(2) states that in the event that the cremains remain unclaimed for a period of 120 days, Allen & Shaw Cremations, Inc. is authorized and directed to dispose of the cremains in any lawful manner it may seem appropriate.
5. I agree to indemnify, release and hold Allen & Shaw Cremations, the crematory, their affiliates, agents, employees and assigns,harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremains of the deceased as authorized herein.

By signing below, I warrant that all representations and statements made herein are true and correct and that I have read and understand the provisions contained in this document.

Printed Name: _____ **Signature** **X** _____

Relationship: _____ Phone (include Area Code) _____

Address: _____

City _____ State _____ Zip Code _____

Allen & Shaw Cremations, Inc.
13931 NW 20th Court • Opa Locka, FL 33054
Phone: 305-681-1426 or 800-681-1426 · Fax: 305-687-4064 or 800-458-8578
www.allenandshawcremations.com



Authorizing Agent Form

No individual may serve as an authorizing agent when it is known that a decedent has left specific instructions indicating that the decedent did not wish to be cremated or indicating a preference for arrangement other than cremation.

**"I have full authority to act as authorizing agent as"
(Please check which applies)**

- _____ Being nominated in the will of the decedent, even though the will has not yet been submitted to the probate court and acting pursuant to the decedent's written instructions.
- _____ Spouse of the decedent at the time of the decedent's death.
- _____ Surviving adult child, I have notified or attempted in good faith to notify all other adult children and I am entitled to serve as authorizing agent.
- _____ Surviving parent, I have notified or attempted in good faith to notify the other parent and I am entitled to serve as authorizing agent.
- _____ Individual or individuals in the next degree of kinship under the laws of decent and distribution to inherit the estate of the decedent. I have notified or attempted in good faith to notify all other rightful heirs to the estate and I am entitled to serve as authorizing agent.
- _____ Individual willing to assume the responsibility as authorizing agent. The decedent has made it known to me that they have no surviving relatives and it was their wish to be cremated and I will assume the responsibility as authorizing agent.

Any such individual who authorizes a cremation shall be deemed to warrant the truthfulness of any facts set forth on any authorization form utilized by the crematory and executed by such individual, including the identity of the human remains and such individuals authority to authorize the cremation; and such individual shall be personally and individually liable for all damages occasioned by and resulting from such authorization.

X _____
Authorizing Agent (Signature) Direct Disposer

Address

City State Zip

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Vital Statistics Form

This form must be typed or printed clearly.

AKA: _____

Name: _____
First Middle Last

Sex: _____ Date of Death: _____ Time: _____

SSN: _____ Age: _____

Date of Birth: _____ Armed Forces: _____ yes or _____ no

Birthplace: _____
City State

Place of Death: _____
Hospital Residence Hospice Nursing Home Alf

City: _____ Inside City Limits: _____ yes or _____ no

County of Death: _____

Occupation: _____ Business: _____
(Do not use retired) (Type of Business, eg. factory, manufacturer)

Marital Status: _____ Spouse: _____
(Married, Divorced, Widowed or Never Married Do NOT use single) (If wife, give maiden name)

Residence: _____
Street & Number City State County

Inside City Limits: _____ yes or _____ no Zip: _____ Hispanic or Haitian: _____
(Circle Which Applies , If Hispanic Specify, or Neither)

Race: _____ Education: _____
(Do not use hispanic) (8th Grade or Less) (High School) (Degree: AS, BS, MA, PHD)

Father's Name: _____
First Middle Last

Mother's Maiden Name: _____
First Middle Maiden Name

Informant's Name: _____

Address: _____

Phone: _____ Relationship: _____

Doctor: _____ Phone: _____

Address: _____

This form is used to complete the death certificate, which is a legal document and filed with the State of Florida. It is therefore important to fill completely and accurately with the proper spelling of names and places. Corrections to the death certificate require 6 to 8 weeks and there are fees.

X

Signature of person completing this form



Statement of Goods and Services

Deceased: _____ A&S Number: _____

Date of Death: _____ Date of Statement: _____

DIRECT CREMATION

Our charge for direct cremation includes removal of the remains from the place of death to the holding facility, for refrigeration and cremation. Included is the filing and obtaining of legal documents, use of administrative staff and cremation process. NOT INCLUDE are any cash advance items.

Allen & Shaw Cremations, Inc. requires that a cremation container be used for all cremations.

I (We) authorized Allen & Shaw Cremations, Inc. to perform services, furnish goods and incur outstanding charges as specified on this Statement. I (We) were given or offered a General Price List.

Charges are only for those items that you selected or that are required. If we are required by law to use any items, we will explain in writing below.

CHARGES FOR SERVICES SELECTED:

Direct Cremation with alternate container \$ _____

CASH ADVANCE ITEMS SELECTED:

We charge you for our services in obtaining: \$ _____

Certified Copies of Death Certificate _____ @ \$ _____ ea. \$ _____

Family ID \$ _____

Family Witness Cremation \$ _____

Shipping of Cremains \$ _____

Scattering of Cremains \$ _____

Letter of Non-Contagious Disease \$ _____

_____ \$ _____

SUMMARY OF TOTAL CHARGES:

Charges for Services Selected \$ _____

Charges of Cash Advance Items \$ _____

TOTAL CHARGES \$ _____

Type of Payment: Credit Card, Money Order, Check or Cash	
SIGNATURE X	Printed Name: _____
Relationship to Deceased: _____	
Address: _____	
City/State/Zip: _____	
Phone: _____	
Acceptance: Allen & Shaw Cremations, Inc. agrees to provide all services and cash advances indicate on this Statement	
By: _____	DIRECT DISPOSER for Allen & Shaw Cremations, Inc.