

# Allen & Shaw

## Cremations, Inc.

### Instructions for completing forms

Enclosed you will find the forms required for us to provide the cremation service. This guide should help you complete all the forms required. Only the LEGAL NEXT OF KIN may sign these 5 forms. Kinship is established on the first form (Authorizing Agent Form). The completed forms must be scanned and emailed or faxed back to us along with a copy of a valid photo ID of the person signing the forms. A driver's license or passport will work.

#### **Authorizing Agent Form:**

This form states by what authority you are granting the permission for the cremation. If the decedent is married, only the spouse can sign. In case of no spouse, then it must be a surviving adult child, a parent or a sibling of the deceased. Followed by individuals in the next degree of kinship or individual willing to assume responsibility (in that order). Please check next to the appropriate statement. Then sign and fill in your personal information at bottom. Leave direct disposer blank.

#### **Body Release & Cremation Authorization Form:**

This is the release form that allows us to take possession of the decedent and bring into our care. It also provides us with instructions on who is authorized to pick up the cremains or if we are to scatter them at sea or ship them via USPS. Please read, fill in blanks and circle where needed. Then sign and fill in your personal information at bottom.

#### **Vital statistics Form:**

This is the form we use to complete the death certificate. It is imperative that ALL this information be correct. Once filed through the state, there will be additional fees to make any corrections and may take several weeks to complete. Attn. do not use 'retired' or 'disabled', provide the occupation and type of business before decedent became retired or disabled. If never worked write 'never worked'. Note that the wife and/or mother's names ask for maiden name (their name before marriage). If any items are unknown, do not leave blank, please write 'unknown'. If left blank, unknown will be listed on the death certificate. Then sign at bottom.

#### **General Price List:**

This form is required by the Federal Trade Commission (FTC). In it you will see all the charges for the services we offer. After reviewing this form, acknowledge by signing at the bottom.

#### **Statement of Goods and Services:**

This form is the contract or purchase agreement that is required for the cremation. Use the General Price List as a pricing reference. At the first \$ sign in charges for services selected, enter the cost of cremation (cost depends on county of death) and then the cost of any cash advance services/items requested. Do not leave any \$ sign blank. Place an X or a Ø on the lines not requested. Then sign and fill in your personal information at bottom. Leave acceptance blank.

If you require additional help or have additional inquiries feel free to contact us. Once all forms are complete, you may fax them to us or email mail them to [asforms@yahoo.com](mailto:asforms@yahoo.com) . If faxing after hours call us for alternate fax number.

Allen and Shaw Cremations, Inc  
13931 NW 20<sup>th</sup> Court Opa-Locka, Fl. 33054  
Ph#:305)681-1426 or 800)681-1426 \* Fax: 305)687-4064 or 800)687-4064  
[WWW.allenandshawcremations.com](http://WWW.allenandshawcremations.com)

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Cremations, Inc.

## 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 one 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 instruction.

\_\_\_ 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.**

Authorizing Agent Signature **X** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Direct Disposer: \_\_\_\_\_

*Office Use*

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# Allen & Shaw Cremations, Inc.

## 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 agent/affiliates to remove, take possession of, transport and arrange for the final disposition for the remains of: \_\_\_\_\_, date of birth MM - DD - YYYY, age     who died in \_\_\_\_\_ County, Florida on the     day of MONTH,             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: (*circle one*) **Picked up, Scattered at Sea, or Shipped**. If picking up cremains, write down the names and Ph. # of individuals, other than yourself, who are authorized to pick up in the area below. If shipping cremains, please include address where they are to be shipped to.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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 implant, mechanical or radioactive devices (such as pacemaker, 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 particle of the cremated remains 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 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, Inc. the crematory, their affiliates, agents, employees and assignees, harmless from any and all loss, damages, liability or cause 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.**

Print Name \_\_\_\_\_ Signature X \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_ Ph# Include area code \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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## Vital Statistics Form

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/amendments to the death certificate require 6 to 8 weeks and will incur fees. **PLEASE TYPE OR PRINT CLEARLY.**

A.K.A. \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Sex: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

SSN#: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Armed Forces? \_\_\_\_\_ YES or \_\_\_\_\_ No  
Check One

Birthplace: \_\_\_\_\_  
City State

Place of Death: \_\_\_\_\_  
Circle One and print name or address above: Hospital Residence Hospice Nursing Home A.L.F.

City: \_\_\_\_\_ Inside City Limits? \_\_\_\_\_ Yes or \_\_\_\_\_ No  
Check One

County of Death: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business \_\_\_\_\_  
What they did for work before retired, do not put retired What type of Industry

Marital Status: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Choose one: Married Divorced Widowed Never Married If wife, give maiden name

Residence: \_\_\_\_\_  
Street Number City State County

Inside City Limits? \_\_\_\_\_ Yes or \_\_\_\_\_ No Zip Code: \_\_\_\_\_ Hispanic or Haitian? \_\_\_\_\_  
Check One Circle which applies, if Hispanic specify, or Neither

Race: \_\_\_\_\_ Education: \_\_\_\_\_  
Do not use Hispanic 8<sup>th</sup> Grade or Less, High School, Degrees: AS BS, MA, PHD

Father's Name: \_\_\_\_\_  
First Middle Last

Mother's Maiden Name: \_\_\_\_\_  
First Middle Maiden Last

Informant's Name: \_\_\_\_\_

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

Phone: Include area code \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Informant's Signature: X \_\_\_\_\_

# Allen & Shaw Cremations, Inc.

## General Price List

LIC. # F041565

**Prices are effective February 01, 2020 and are subject to change.**

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 didn't specifically ask for, we'll explain the reason in writing on the statement we provide describing the services you selected.

### **Basic Direct Cremation Services cost per county of death:**

- Miami Dade and Broward counties. \_\_\_\_\_ → \$515.00
- West Palm Beach County. \_\_\_\_\_ → \$715.00

### **Basic Direct Cremation Services include:**

- Removal of deceased from place of death to our holding facility.
- Actual process of cremation in alternate cremation container required by Florida Law.
- A non-decorative plastic urn and cardboard mailer suitable for travel. Dim. 8.5"H x 6.5"W x 4.5"D
- The filing of original death certificate with the state of Florida.
- Notification of death to Social Security.
- County Medical Examiner Office cremation approval fees.
- All administrative and overhead fees.

### **Additional Services (optional):**

- Bariatric cases from 300lb - 500lb will incur an additional \$60 per 100lb. **NO CASES ABOVE 500LB**
- Scattering of cremains at sea (At our convenience). \_\_\_\_\_ → \$150.00
- Family ID. (Photo ID's required). \_\_\_\_\_ → \$150.00
- Family Witness of cremation, Commencement. (Photo ID's required). \_\_\_\_\_ → \$200.00
  - **Note: If for whatever reason you (the purchaser) decides to go somewhere else for disposition services after we have removed the decedent, the purchaser will owe the cost of removal and any storage fees incurred. Removal fees for Dade/Broward are \$195.00 and for West Palm is \$295.00. Storage Fees are \$10 per day after the 5<sup>th</sup> day.**

**Cash Advance Items (additional charges): Cash advance items are paid by Allen & Shaw Cremations, Inc. in your behalf, if requested, and will be added to your statement.**

- Certified copies of Death Certificates. \_\_\_\_\_ → \$20.00 ea.
- If ordering 5 or more DC's, and having them mailed, purchaser will incur a one-time charge for certified mailing. \_\_\_\_\_ → \$30.00
- Letter of Non-Contagious Disease. (Required for travel outside of the U.S.) \_\_\_\_\_ → \$20.00
- Additional non-decorative urns. \_\_\_\_\_ → \$20.00 Adult / \$10.00 Infant

### **Shipping & Handling of Cremains or Urns:**

- Dade / Broward county. \_\_\_\_\_ → \$100.00
- All other counties in Florida. \_\_\_\_\_ → \$125.00
- Outside of Florida but within the United States. \_\_\_\_\_ → \$150.00

**Signature of Recipient X** \_\_\_\_\_

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# Allen & Shaw Cremations, Inc.

## Statement of Goods and Services

Deceased Name: \_\_\_\_\_ A&S Case#: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Statement: \_\_\_\_\_

**DIRECT CREMATION:**

Our charge for direct cremation includes removal of remains from place of death to our holding facility, for refrigeration and cremation. Also includes the cremation container, a non-decorative urn, use of administrative staff, notification to Social Security of passing, Medical Examiners cremation approval fee and filing and obtaining of legal documents. **NOT INCLUDED** are any cash advance items.

I (Authorizing Agent/Purchaser) authorize Allen & Shaw Cremations, Inc. to perform services, furnish goods and incur outstanding charges as specified on this statement. I (Authorizing Agent / Purchaser) was 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 Governing Laws to use any items, we will explain in writing below.

**CHARGES FOR SERVICES SELECTED:**

Direct Cremation: (cost depends on the county of death). \_\_\_\_\_ > \$ \_\_\_\_\_

**CASH ADVANCE ITEMS SELECTED:**

Certified Copies of Death Certificate: \_\_\_\_\_ > \_\_\_\_\_ Qty. @ \$20.00 ea. = \$ \_\_\_\_\_

5 or more DC's one-time mailing charge: \_\_\_\_\_ > \$ \_\_\_\_\_

Please specify how many death certificates are with or without cause of death. \_\_\_\_\_ / \_\_\_\_\_  
With      Without

Letter of Non-Contagious Disease: (Required for travel outside of the U.S.) \_\_\_\_\_ > \$ \_\_\_\_\_

Family ID: \_\_\_\_\_ > \$ \_\_\_\_\_

Family Witness of Cremation Commencement: \_\_\_\_\_ > \$ \_\_\_\_\_

Scattering of Cremains at Sea: (At our convenience). \_\_\_\_\_ > \$ \_\_\_\_\_

Shipping of Cremains: (Depends on location refer to General Price List). \_\_\_\_\_ > \$ \_\_\_\_\_

**SUMMARY OF TOTAL CHARGES:**

Charges for services selected: \_\_\_\_\_ > \$ \_\_\_\_\_

Charges for cash advance items selected: \_\_\_\_\_ > \$ \_\_\_\_\_

**TOTAL CHARGES:** \$ \_\_\_\_\_

Signature of Purchaser: X	Print Name
Relationship to deceased:	
Address:	City
State:	Zip      Phone #: <small>Include area code</small>
<b>Type of Payment:</b> Cash, Check, Money Order or Credit Card. If Credit Card, please fill out authorization form	

**Acceptance:** Allen & Shaw Cremations agrees to provide all services and cash advances indicated on this statement.

By: \_\_\_\_\_ DIRECT DISPOSER for Allen & Shaw Cremations, Inc.  
Office use

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## Credit Card Authorization Form

**IN ORDER TO ESTABLISH BILLING PRIVILEGES WITH A CREDIT CARD, THE INDIVIDUAL THAT OWNS THE CARD MUST FILL IN THE INFORMATION BELOW.**

DECEASED NAME: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

CREDIT CARD NUMBERS: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CREDIT CARD 3 OR 4-DIGIT SECURITY CODE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**I HEREBY AUTHORIZE Allen and Shaw Cremations, Inc. To use my credit card for charges related to fees that have been explained to me for services rendered. I agree to these charges and will not charge back any of these charges in the future. I understand that I am responsible for all fees and agree to use my credit card to pay these fees.**

CARDHOLDERS SIGNATURE: X \_\_\_\_\_

DATE: \_\_\_\_\_

**Please include a photocopy of cardholder's driver license/ID and Email to [asforms@yahoo.com](mailto:asforms@yahoo.com) or fax to**

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