

Allen & Shaw Cremations, Inc.

Please read instructions before completing forms.

Attached 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 **Authorized Agent** may sign form pages 2-6. 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. If no spouse, any surviving adult child would follow. If no children, a parent, if no parent then any sibling of the deceased. Followed by individuals in the next degree of kinship, followed by individual willing to assume responsibility (in that order). If nominated in a will, nominee must provide a notarized copy of the will. Please check next to the appropriate statement. Then sign and fill in your personal information at bottom. Leave direct disposer blank. Authorizing agent will sign pages 2-6. Page 7 is to be filled out and signed by whomever is paying.

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. Authorizing Agent must sign. **NOTE: If shipping, Allen & Shaw Cremations Inc. will not be responsible for cremains or death certificates once in the care of U.S.P.S. Tracking # can be requested.**

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", provide the occupation and type of business before decedent became retired. 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. Informant is the Authorizing Agent.

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. Authorizing Agent must sign.

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 \$ symbol, 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 \$ symbols blank. Place an **X** on the lines not applicable. Then sign and fill in your personal information at bottom. Purchaser is the Authorizing Agent, even if someone else is making payment. Leave acceptance blank.

If you require additional help or have additional inquiries feel free to contact us. Once all forms are complete, scan and email to asforms@yahoo.com or fax back to us along with a copy of a valid photo ID of the individuals signing the forms. A driver's license or passport will work.

Allen & Shaw Cremations, Inc 13931 NW 20th Court Opa Locka, Fl. 33054
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WWW.allenandshawcremations.com

Allen & Shaw

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 and that in good faith has tried to notify any surviving relatives, and or that the decedent has made it known to me that they have no surviving relatives, and it was their wish to be cremated and that I 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 individual’s 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: _____

Address: _____

City: _____ State: _____ Zip: _____

Direct Disposer: _____

OFFICE USE

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. License # F041565 and/or their agent/affiliates to remove, take possession of, transport and arrange for the final disposition for the remains of (Name of Deceased on the line below):

_____,
date of birth _____, age _____ who died in _____ County, Florida on
the _____ day of _____, _____ at _____ am/pm. I, the undersigned, certify,
MM DD YYYY Month Year Time

warrant and represent that I have full legal right and authority to authorize Allen & Shaw Cremations, Inc. to arrange 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 phone #'s of individuals, other than yourself, who are authorized to pick up in the area below. If shipping cremains, please include shipping address on the line. **NOTE: If shipping, Allen & Shaw Cremations Inc. will not be responsible for cremains or death certificates once in the care of U.S.P.S. Tracking # can be requested.**

➤ _____
➤ _____
➤ _____

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 _____

Relationship to Decedent _____ Ph# _____

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 through 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 requires 6 to 8 weeks and will incur fees. PLEASE PRINT.

Name: _____
First Middle Last

A.K.A. _____

Date of Death: _____ Time of Death: _____ AM/PM Sex: _____ Age: _____

Date of Birth: _____ SSN#: _____

Place of Death Address: _____
Circle which applies: Hospital, Residence, Hospice I.P.U., Nursing Home, A.L.F.

City: _____ County: _____ Inside City Limits? Yes or No.
Check one

Place of Birth: _____
City State

Residence Address: _____
Street Number City State Zip

Inside City Limits? Yes or No. County: _____
Check one

Occupation: _____ Business: _____
What they did for work before retired, do not use retired. What type of industry.

Education: _____ Armed Forces? Yes or No.
8th Grade or less, High School or Degrees – AS, BS, MA, PHD Check one

Hispanic, Haitian or Neither? _____ Race: _____
Circle which applies above. If Hispanic, specify on the line above. Do not use Hispanic.

Marital Status: _____ Spouse: _____
Choose one. Married, Divorced, Never Married, Widowed If spouse, give maiden name.

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Maiden Last

Informant's Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Doctor: _____ Phone: _____

Address: _____

Informant's Signature: _____

Allen & Shaw Cremations, Inc.

General Price List

LIC. # F041565

Prices are effective July 01, 2021 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 did not specifically ask for, we will 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. _____ > \$595.00
- West Palm Beach County. _____ > \$795.00

Basic Direct Cremation Services include:

- Removal of deceased from place of death to our holding facility.
- Actual process of cremation in an 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.
- One certified copy of death Certificate.
- Notification of death to Social Security if SSN provided.
- County Medical Examiner Office cremation approval fees.
- All administrative and overhead fees.

Additional Services (optional):

- Bariatric cases from 300lb - 500lb will incur an additional \$80 per 100lb. **NO CASES ABOVE 500LB**
- Scattering of cremains at sea (At our convenience). _____ > \$150.00
- Family ID. (Up to four family members 18 yrs. or older. Photo ID is required). _____ > \$150.00
- Family Witness of cremation, Commencement. (Up to four family members 18 yrs. or older. Photo ID is required). _____ > \$200.00

Note: If for whatever reason you (the purchaser) decide 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 \$250.00 and for West Palm is \$350.00. Storage Fees are \$10 per day after the 5th 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. _____ > ea. \$20.00
- 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. _____ > \$25.00 Adult / \$15.00 Infant

Shipping & Handling of Cremains or Urns: NOTE: If shipping, Allen & Shaw Cremations Inc. will not be responsible for cremains or death certificates once in the care of U.S.P.S. Tracking # can be requested.

- 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: _____

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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 deceased from place of death to our holding facility. Actual process of cremation in an alternate cremation container required by Florida Law. A non-decorative plastic urn and cardboard mailer suitable for travel. The filing of original death certificate with the state of Florida. One certified copy of death Certificate. Notification of death to Social Security. County Medical Examiner Office cremation approval fees. All administrative and overhead fees. 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: 1 included plus _____ @ \$20.00 ea. = \$ _____
Qty.

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 destination. Refer to General Price List). **NOTE: If shipping, Allen & Shaw Cremations Inc. will not be responsible for cremains or death certificates once in the care of U.S.P.S. Tracking # can be requested** \$ _____

Additional fees, if applicable. Specify on the line _____ \$ _____

SUMMARY OF TOTAL CHARGES:

Charges for services selected: _____ → \$ _____

Charges for cash advance items selected: _____ → \$ _____

TOTAL CHARGES: \$ _____

Signature or Purchaser: _____ Print Name: _____

Relationship to Deceased: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Circle Type of Payment: Cash Check Money Order Credit/Debit Card If Credit/Debit, please fill out authorization form.

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

By: _____ **DIRECT DISPOSER for Allen & Shaw Cremations, Inc.**

Allen & Shaw

Cremations, Inc.

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 AND PROVIDE A LEGAL PHOTO ID. REQUESTED PER MERCHANT SERVICE PROVIDER.

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.

NOTE: If shipping, Allen & Shaw Cremations Inc. will not be responsible for cremains or death certificates once in the care of U.S.P.S. Tracking # can be requested.

CARDHOLDERS SIGNATURE: _____

DATE: _____

Please include a photocopy of cardholder's driver license/ID and Email to asforms@yahoo.com or fax to

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