

# 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.

FS 497.005 (37) "Legally authorized person" means, in the priority listed, the decedent, when written inter vivos authorizations and directions are provided by the decedent; the surviving spouse, unless the spouse has been arrested for committing against the deceased an act of domestic violence as defined in s. 741.28 that resulted in or contributed to the death of the deceased; a son or daughter who is 18 years of age or older; a parent; a brother or sister who is 18 years of age or older; a grandchild who is 18 years of age or older; a grandparent; or any person in the next degree of kinship. In addition, the term may include, if no family member exists or is available, the guardian of the dead person at the time of death; the personal representative of the deceased; the attorney in fact of the dead person at the time of death; the health surrogate of the dead person at the time of death; a public health officer; the medical examiner, county commission, or administrator acting under part II of chapter 406 or other public administrator; a representative of a nursing home or other health care institution in charge of final disposition; or a friend or other person not listed in this subsection who is willing to assume the responsibility as the legally authorized person. Where there is a person in any priority class listed in this subsection, the funeral establishment shall rely upon the authorization of any one legally authorized person of that class if that person represents that she or he is not aware of any objection to the cremation of the deceased's human remains by others in the same class of the person making the representation or of any person in a higher priority class.

### **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. All completed forms should be scanned and emailed to [asforms@yahoo.com](mailto: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. Once we have all documents in order and your loved one is in our care, it takes approximately 5 to 15 business workdays for everything to be complete. We will call you to notify you of completion. We ask families to not make any arrangements that required the cremains or the death certificate until you physically have them in your possession.

**Allen & 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**  
[asforms@yahoo.com](mailto:asforms@yahoo.com) [WWW.allenandshawcremations.com](http://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.**

FS 497.005 (37) "Legally authorized person" means, in the priority listed, the decedent, when written inter vivos authorizations and directions are provided by the decedent; the surviving spouse, unless the spouse has been arrested for committing against the deceased an act of domestic violence as defined in s. 741.28 that resulted in or contributed to the death of the deceased; a son or daughter who is 18 years of age or older; a parent; a brother or sister who is 18 years of age or older; a grandchild who is 18 years of age or older; a grandparent; or any person in the next degree of kinship. In addition, the term may include, if no family member exists or is available, the guardian of the dead person at the time of death; the personal representative of the deceased; the attorney in fact of the dead person at the time of death; the health surrogate of the dead person at the time of death; a public health officer; the medical examiner, county commission, or administrator acting under part II of chapter 406 or other public administrator; a representative of a nursing home or other health care institution in charge of final disposition; or a friend or other person not listed in this subsection who is willing to assume the responsibility as the legally authorized person. Where there is a person in any priority class listed in this subsection, the funeral establishment shall rely upon the authorization of any one legally authorized person of that class if that person represents that she or he is not aware of any objection to the cremation of the deceased's human remains by others in the same class of the person making the representation or of any person in a higher priority class.

**"I have full authority to act as authorizing agent as"** (Choose which one applies below.)

- 1. 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.
- 2. Spouse of the decedent at the time of the decedent's death.
- 3. 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.
- 4. Surviving parent, I have notified or attempted in good faith to notify the other parent and I am entitled to serve as authorizing agent.
- 5. 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.
- 6. 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  
MM DD YYYY

the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ am/pm. I, the undersigned, certify,  
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: ( **One**)  **Picked Up**  **Scattered at Sea**  **Shipped**. If picking up cremains, write down the names, phone numbers, and relationship to deceased of individuals, other than yourself, who are authorized to pick up on the lines provided below. If shipping cremains, please write down the name, address, and contact phone number of recipient. **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.**

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**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 \_\_\_\_\_

# Allen & Shaw

## Cremations, Inc.

### 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 Birth: \_\_\_\_\_  
City State

Place Where Death Occurred: (  One )  Hospital  Residence  Hospice I.P.U  Nursing Home  Alf  Found

Facility Name or Address Where Death Occurred: \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_

Deceased Last Known Residence: \_\_\_\_\_  
Street Address City

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
What they did for work before retired? Do not use retired. What Type of Industry?

Education: \_\_\_\_\_ Armed Forces: (  One )  Yes  No.  
8<sup>th</sup> Grade or Less, High School, Degrees- AS, BS, MA, PHD

(  One ):  Hispanic  Haitian  Neither \_\_\_\_\_ Race: \_\_\_\_\_  
If Hispanic, specify on the line above. Do not use Hispanic.

Marital Status: (  One )  Married,  Divorced,  Never Married,  Widowed

If Spouse, What is Their Maiden Name? \_\_\_\_\_

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

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

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

# Allen & Shaw

## Cremations, Inc.

### General Price List

LIC. # F041565

Prices are effective February 01, 2022 and are subject to change.

**Please note that once your loved one is in our care, you won't be able to view, identify, or witness their cremation. We only provide direct cremation services.**

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 of Goods and Services 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:

- Initial 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.
- Notification of death to Social Security if SSN is provided.
- County Medical Examiner Office cremation approval fees.
- All administrative and overhead fees pertaining to Basic Direct Cremation Services.

#### Additional Fees: (if applicable)

- Bariatric cases from 300lb - 500lb will incur an additional \$150.00 per 100lb. **NO CASES ABOVE 500LB**
- Additional removal fee. \_\_\_\_\_ → \$50.00

**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 5<sup>th</sup> day.**

#### Cash Advance Items: (If chosen, 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, an additional charge will be added 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
- Scatter at Sea. (This service is at our convenience) \_\_\_\_\_ → \$150.00

**Note: If Cremated remains are not picked up within 120 days of completed cremation date, an additional charge of \$150.00 will be charge to credit/debit card on file. This charge will be incurred to have cremains properly disposed of by means of scatter at sea.**

Signature of Recipient: \_\_\_\_\_

# 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 the Initial 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. We notify Social Security passing if SSN is provided. The county Medical Examiner Office cremation approval fees. All administrative and overhead fees pertaining to basic cremation service. 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. x \$20.00 = \$ \_\_\_\_\_

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

Please specify how many death certificates are with or without cause of death. \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
With    Without    Total DC

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

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 ABOVE :**

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

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

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

**Note: If Cremated remains are not picked up within 120 days of completed cremation date, an additional charge of \$150.00 will be charge to credit/debit card on file. This charge will be incurred to have cremains properly disposed of by means of scatter at sea.**

Signature or Purchaser: _____	Print Name: _____
Relationship to Deceased: _____	
Address: _____	City: _____
State: _____	Zip: _____
Phone #: _____	
<b>Acceptance: Allen &amp; Shaw Cremations, Inc. agrees to provide all services and cash advances indicated on this statement.</b>	
<b>By: _____ DIRECT DISPOSER for Allen &amp; Shaw Cremations, Inc.</b>	

OFFICE USE