

# Allen & Shaw Cremations, Inc.

## Please read. Important information about attached Documents.

Attached you will find most of the forms required for us to provide the cremation service. This guide should help you understand what each form is for. Only the legal next of kin may sign these forms. (pages 2-5) Kinship is established on the first form, the Authorizing Agent Form.

### Authorizing Agent Form:

This form states by what authority you are granting permission for the cremation. If the decedent is **legally married**, then only the spouse can sign. If there is no spouse, then only **biologically related or legally adopted** adult child would follow. If there are no children, then any parent, if no parents then any sibling of the deceased. Followed by individuals in the next degree of kinship, followed by the individual willing to assume responsibility (in that order). Will nominees supersede all the above. The nominee must provide a copy of the original notarized will. Please check next to the appropriate statement. Then sign and fill in your personal information at the bottom. Leave direct disposer blank. Authorizing agent will sign pages 2-5.

**Florida State Statute:** FS 497.005 (43) "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 you being the authorized agent give us (Allen and Shaw Cremation Inc. and any of our affiliates) the permission to take possession of the decedent and bring into our care and to cremate 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 numerically listed on the form. 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 check off where needed. Then sign and fill in your personal information at the 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 start generating the death certificate. **It is imperative that all this information be correct.** Once the death certificate is filed through the state, there will be additional fees to have it amended and may take several weeks to complete. If any items are unknown, do not leave blank, please write "unknown". It will be filed as such on the death certificate. Then sign at bottom. Informant is the Authorizing Agent. Note: If a social security number is not provided, we won't be able to report the passing to the Social Security Administration Office

### 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. It doesn't mean that you will be charged all of that. All charges will be listed in the Statement of Goods and Services form that you will complete with one of our directors. After reviewing this form, acknowledge by signing at the bottom. Authorizing Agent must sign.

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 (43) "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 for \_\_\_\_\_, as I am"** (Please chose which one applies below) Name of Deceased

- ☐ 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 the 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 any and all losses and damages (including attorney's fees and expenses of litigation) occasioned by and resulting from such authorization.

Authorizing Agent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Ph: \_\_\_\_\_

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

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

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

OFFICE USE

# Allen & Shaw Cremations, Inc.

13931 NW 20<sup>th</sup> Ct Opa Locka, FL 33054 Ph. 305-681-1426 Fax: 305-687-4064 Email: asforms@yahoo.com

## 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 ):

\_\_\_\_\_  
NAME OF DECEASED

APPROX. WT \_\_\_\_\_ date of birth \_\_\_\_\_, age \_\_\_\_\_ who died at \_\_\_\_\_  
MM DD YYYY HOSPITAL / FACILITY

in \_\_\_\_\_ County, Florida on \_\_\_\_\_ at \_\_\_\_\_ am/pm. I, the undersigned, certify  
COUNTY MM DD YYYY TIME  
, warrant and represent that I have full legal rights and authority to authorize Allen & Shaw Cremations, Inc. to arrange the cremation and that the cremated remains be: (Please select 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. or any of its affiliates will not be liable for any loss of or damage to cremated remains and/or death certificates once they have been placed in the care of United States Postal Office. The tracking numbers may 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 pacemakers, etc.).
3. The deceased will be cremated using the application of intense heat and flame and the cremains will consist primarily of bone fragments, which 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 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 cremated remains go 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 losses, damages, liabilities, or cause of action (including attorney's fees and expenses of litigation) in connection with the removal and cremation of the deceased and disposition of the cremated remains 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

**Important Notice Please Read:** 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 it out completely and accurately with the proper spelling of names and places. Any corrections / amendments required to the death certificate after it has been filed with the state, will incur a processing fee and can take 2 - 3 months. PLEASE PRINT.

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

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

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ AM/PM Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Approx. Wt. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City State

If female, was she pregnant within the last year : (Select One) ☐ Yes ☐ No.

Place Where Death Occurred: ( ☒ One ) ☐ Hospital ☐ Residence ☐ Hospice I.P.U ☐ Nursing Home ☐ A.L.F.

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 (Select One) ☐ Yes ☐ No.  
8<sup>th</sup> Grade or Less, High School, Degrees- AS, BS, MA, PHD

If yes to the armed forces question, did a service-connected disability contribute to the veteran's death? (Select One) ☐ Yes ☐ No

Was the decedent of Hispanic or Haitian origin? ☐ Yes ☐ No If Hispanic, specify. \_\_\_\_\_

Race: ☐ White ☐ Black or African American ☐ American Indian or Alaskan ☐ Asian India ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean  
☐ Vietnamese ☐ Other Asian. Specify \_\_\_\_\_ ☐ Native Hawaiian ☐ Guamanian or Chamorro  
☐ Samoan ☐ Other Pacific Island. Specify \_\_\_\_\_ ☐ Other. Specify \_\_\_\_\_

Marital Status: (Please select which one applies) ☐ Married, ☐ Divorced, ☐ Never Married, ☐ Widowed

If there is a surviving legal spouse, what is their Maiden Name? \_\_\_\_\_

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

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

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

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

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

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

# Allen & Shaw Cremations, Inc.

General Price List License # F041565

**Important Notice Please Read.** Once your loved one is in our care, no one will be able to view, identify or witness the cremation. We only provide direct cremation services. Prices are effective May 01, 2025, and are subject to change.

The goods and services shown are those we can provide for 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 in the Statement of Goods and Services that we provide to you at time of arrangement.

## Basic Direct Cremation Service Package (B.D.C.P.) Includes:

- 1) Initial removal and transport of deceased from place of death to our crematorium.
- 2) Storage, Refrigeration and Alternative Cremation Container as required by Florida Law.
- 3) All fees for professional and crematory services related to basic direct cremation package.
- 4) The county Medical Examiner's Officer cremation approval fee.
- 5) The filing of original death certificate with the state of Florida.
- 6) Notification of death to Social Security, if S.S.N. is provided.
- 7) The actual cremation process.
- 8) A non-decorative plastic urn and cardboard mailer. T.S.A. approved. {Dimensions 8.5"H x 6.5" W x 4.5" D}.

<b>Basic Direct Cremation Package: Cost Per County</b>		<b>Additional Fees: If applicable</b>	
Miami Dade and Broward County	\$650.00	Bariatric cases: 300 – 399Lb.	\$200.00
Palm Beach County	\$850.00	400 – 500Lb.	\$400.00
<b>Cash Advance Items: Optional</b>		<b>Important Notice Please Read: If for whatever reason, you ( The Authorizing Agent) cancel the call and choose to go elsewhere for your loved one's disposition after our drivers have been dispatched, you or whoever chose to pay on your behalf will owe the full cost of the removal charge. Same applies if your loved one is removed and transported to our facility, plus any additional services and merchandise cost or fees incurred while in our care, prior to you notifying us of wanting to cancel services.</b>	
Medical Examiner's Cremation Approval Fee:		<b>The initial removal / transport fee is included in the B.D.C.P. Any additional removals will incur charges below per removal per county.</b>	
Included in B.D.C.P.	\$ varies per county	Removal / Transport fee for Miami Dade/Broward County	\$255.00
Certified copies of Death Certificates	\$20.00	Removal / Transport fee for Palm Beach County	\$455.00
Letters of Non-Contagious Disease	\$20.00	Additional Removal Team Assist	\$125.00
<b>Merchandise / Additional Services: Optional</b>		Administrative Fee:	\$100.00
Additional Non- Decorative Urns and Mailer Box	\$30.00	Storage / Refrigeration fee: (per day from day of notice)	\$50.00
Splitting up cremated remains into multiple bags or urns. (x5 way)	\$30.00	Storage / Cremation Container	\$30.00
Transferring cremated remains into personal urns not purchased from us or from our urn store.	\$30.00	Medical Examiner's Cremation Approval Fee:	\$ varies per county
<b>Scatter at Sea: Optional</b>		Death Certificate Amendments.	
Scatter at Sea usually takes place once or twice within a year's time and is performer by Allen & Shaw Reps. Without the families being present. This service is performed at our convenience.	\$150.00	1 D.C. included regular time 2-3 months	\$50.00
<b>Important Notice Please Read: If Cremated remains are not picked up within 120 days of completed cremation date, the scatter at sea fee will be charged to the debit/credit card on file. This charge will be incurred to have the cremated remains properly disposed of by means of scatter at sea as permitted by Florida Statue, Section 497.607 (2)</b>		1 D.C. included rush 4-6 weeks	\$60.00
		Additional cost per amended D.C.'s	\$20.00
<b>Shipping of Cremated Remains or Death Certificates: Optional</b>		<b>Important Notice Please Read: To cover the cost of debit/credit card acceptance we pass on a 3.5% debit/credit card convenience fee to all charges related to this arrangement. This fee is non-refundable and not more than the cost of accepting these cards. The adjustment in cost will be displayed on the Statement of Goods and Services.</b>	
<b>Important Notice Please Read: If you choose to have the cremated remains or death certificates shipped, Allen &amp; Shaw Cremations Inc. will not be liable for any loss or damages to cremated remains or death certificates once they are in the care of the United States Postal Service. Cremated remains are shipped priority mail Signature required. Cost varies per destination.</b>		<b>By signing below I acknowledge that I have read and understand all the information presented to me on this General Price List.</b>	
Shipping Cremated remains within Miami Dade/ Broward County	\$100.00	<hr/>	
Shipping cremated remains to all other counties within Florida	\$125.00	<b>Print Name of Authorizing Agent and or Payer</b>	
Shipping cremated remains to all other states within the Continental U.S.	\$150.00	<hr/>	
Shipping of 5 or More Death Certificates anywhere within the Continental U.S.	\$30.00	<b>Signature</b>	<b>Date</b>
<b>PAGE / 5</b>			