

# 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:

The Federal Trade Commission (FTC) requires us to present a current dated price list to you prior to making arrangements. In it you will see all the charges for the services we offer. Charges incurred will only be for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any item, we will explain the reason on the Statement of Goods and Services.

### Statement of Goods and Services:

This form is the contract / purchase agreement that is required for the cremation and should be completed with one of our directors. Please call us and finalize this document with one of our directors prior to send documents back.

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 deceased and 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 OpaLocka, 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  
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 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.**

- \* \_\_\_\_\_
- \* \_\_\_\_\_
- \* \_\_\_\_\_

**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 Statistic Forms

This form is used to complete the death certificate, which is a legal document and filed through the state Florida. It is therefore important to fill out 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  A.L.F.

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

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

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

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

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

Education: \_\_\_\_\_ 8<sup>th</sup> Grade or Less, High School, Degrees- AS, BS, MA, PHD Armed Forces: (  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 Indian  Chinese  Filipino  Japanese  Korean  
 Vietnamese  Other Asian. Specify \_\_\_\_\_  Native Hawaiian  Guamanian or Chamorro   
Samoan  Other Pacific Island. Specify \_\_\_\_\_  Other. Specify \_\_\_\_\_

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

License # F041565

Prices are effective February 01, 2023 and are subject to change.

Please note that once your loved one is in our care, you will not be able to view or identify them nor 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 Service Package includes\*

\*Initial removal and transport of deceased from place of death to our Crematorium. \*Storage, Refrigeration and Alternative Cremation Container as required by Florida Law. \*Actual cremation process. \*A non-decorative plastic urn and cardboard mailer suitable for travel. {Dimensions 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 S.S.N. is provided. \*The County Medical Examiner's Office cremation approval fee. \*All Professional/Crematory Service fees pertaining to Basic Direct Cremation Services.

#### Basic Direct Cremation Package cost per county:

Miami Dade County:	\$650.00
Broward County:	\$650.00
Palm Beach County:	\$850.00

#### Merchandise / Service: Optional

Additional Non-Decorative Urn and Mailer Box	\$30.00
Dividing of Cremated Remains	\$30.00

#### Cash Advance Items: Optional

Certified copies of death certificates:	\$20.00
Letter of Non-Contagious Disease:	\$20.00

#### Shipping & Handling of Cremains or Death Certificates: Optional

**Note: If you choose to have cremains or Death Certificates shipped, Allen & Shaw Cremations Inc. will not be liable for any loss or damages once they are in the care of the United States Postal Service (U.S.P.S.).**

Cremains are shipped Priority Mail Express signature required:

<u>Shipping Cremains:</u>	
Shipping within Dade/Broward County:	\$100.00
Shipping to all other counties within Florida:	\$125.00
Shipping outside of Florida but within the U.S.	\$150.00
<u>Shipping Death Certificates:</u>	
Death Certificates 5 or more are mailed Priority Mail:	\$30.00

#### Additional Fees: If applicable

<u>Bariatric cases:</u>	
300Lb - 400Lb:	\$150.00
400Lb - 500Lb:	\$300.00
Secondary removal from Medical Examiner Office:	\$100.00

**Disclosure: If for whatever reason you (The Authorizing Agent) decide to go somewhere else for disposition services after we have removed, and transported your loved one to our facility, you (The Authorizing Agent) will owe the cost for the removal of your loved one, any filing and administrative fees incurred and any storage fees incurred per day after we have been notified of your decision. Cost incurred will be charged to Debit/CC Card on file at time of removal.**

Removal/Transport fee for Dade County:	\$250.00
Removal/Transport fee for Broward County:	\$250.00
Removal/Transport fee for Palm Beach County:	\$350.00
Filing/Administrative fee:	\$100.00
Storage/Refrigeration fee per day:	\$10.00

#### Scatter at Sea: Optional

Scatter at sea usually takes place once or twice within a years' time frame and is performed by Allen & Shaw Reps. without the families being present. This service is performed at our convenience.

\$150.00

**Disclosure: If cremated remains are not picked up within 120 days of completed cremation date, an additional fee will be charge to Debit/CC Card on file. This charge will be incurred to have cremains properly disposed of by means of scatter at sea as permitted by Florida Statute, Section 497.607(2)**

Scatter at Sea fee:	\$150.00
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**STATEMENT OF GOODS AND SERVICES SELECTED**

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

Arrangements for: _____	Purchaser: _____
Case: _____	Address: _____
Date of Death: _____	City/State/Zip: _____
Date of Arrangement: _____	Phone Number: _____

<b>PROFESSIONAL SERVICES</b>	
Professional Service Fee:	_____ \$300.00
Refrigeration:	_____ \$0.00
Crematory Fee:	_____ \$195.00
<b>TOTAL</b>	<b>_____ \$495.00</b>
<b>TRANSPORTATION</b>	
Initial transfer of deceased to crematory:	_____ \$155.00
<b>MERCHANDISE</b>	
Alternative Container:	_____ \$0.00

<b>CASH ADVANCED ITEMS</b>	
Medical Examiner Fee:	_____ \$0.00
Certified Copies of Death Certificates with cause: \$20 x _____ = _____	
Certified Copies of Death Certificates without cause: \$20 x _____ = _____	
Letter of Noncontagious Decease:	_____
Shipping of Cremains:	_____
Unattended Scattering at Sea:	_____
<b>TOTAL</b>	<b>_____</b>
<b>SUMMARY</b>	
Allen & Shaw Cremation Fees:	_____ \$495.00
Merchandise: Additional Non-decorative Urns:	_____
Transportation:	_____ \$155.00
Secondary Removal from Medical Examiner Office:	_____
Palm Beach County Additional Removal Fee:	_____
Cash Advanced Items:	_____
Weight Fee:	_____
Dividing Cremains:	_____
Less Credit and Payment:	_____
_____	_____
<b>TOTAL CONTRACT BALANCE DUE</b>	<b>_____</b>

**DISCLOSURES**  
1) Florida state law requires refrigeration prior to cremation. 2) Florida state law requires an alternative container for cremation.  
Additional Disclosures: \_\_\_\_\_

**ACKNOWLEDGEMENT OF AGREEMENT**  
I hereby acknowledge that I have the right to arrange the cremation for \_\_\_\_\_ and I authorize Allen & Shaw Cremation Inc. to perform services, furnish goods and incur outside charges specified in this statement. I acknowledge that a dated General Price List (GPL) was given to me prior to making these arrangements.

**TERMS OF PAYMENT**  
Terms: \_\_\_\_\_ Payment is due prior to picking up of deceased.  
Note: If cremated remains are not picked up within 120 days of completed cremation date, an additional charge of \$150.00 will be charged to the credit/debit card on file. This charge will be incurred to have cremains properly disposed of by means of scatter at sea.

Purchaser Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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