

General Price List

These prices are effective February 7, 2015, but are subject to change without notice.

The goods and services shown below are those we can provide to our customers. You may choose only the items you desire, however, any you select will include a charge for our basic services and overhead, which is non-refundable. If legal or other requirements dictate that you must buy any items you did not specifically request, we will explain the reason in writing on the statement we provide describing the goods and services you selected.

Cremation - \$885

Basic services of the licensed Direct Disposer in charge (also called cremation specialist); available 24-hours a day.

Responding to the initial request for services whether in our office, a visit to you, or from a distance via phone, to consult with the authorized person to determine the services desired.

Transportation of the deceased from the place of death to the licensed crematory for care and refrigeration up to 10 days. Eliminates the need for embalming.

An appropriate container for the deceased needed for cremation. This is called an alternative container and eliminates the need for a casket. If this container is provided by you the fee above is reduced \$20.

The cremation process and return of the cremated remains in a faux velvet pouch or simple plastic urn suitable for shipping or placement in a cemetery.

Placement of one complimentary obituary where available and the initial notification to the Social Security Administration.

Filing of the original certificate of death and one complimentary certified death certificate.

Obtaining required authorizations, doctor's signature on the certificate of death, permits for the County Health Department and fulfilling mandated fees to the County Medical Examiner.

Other basic services such as coordinating with the crematory or other third parties and a proportionate share of overhead costs.

Although Community Cremation is licensed in the entire state of Florida the fee above considers a service area of Hernando, Hillsborough, Pasco, and Pinellas counties, as well as, deceased with a weight of 300 lb or less.

Community Cremation cannot guarantee a particular date that the certification of the death certificate and cremation will be complete. We will make every effort to complete these as soon as possible. Certain procedural requirements could take 10 days or more.

Additional Services & Merchandise

If a service or merchandise was not listed in the description on the previous page then it was not included in the \$885 fee. An example of what is not included is a funeral ceremony. Items below can be added if requested.

Services

Consultation. - \$55

Scattering at sea. - starting at \$150

Request for paid obituary (does not include the charges of the publication) - \$15

Includes correspondence with newspaper, proof/quote, and one change request all for approval prior to placement.

Dividing the cremated remains in a container or containers provided by you (per division). - \$25

Personal delivery of cremated remains. - starting at \$75

Use of licensed refrigeration holding facility after 10 days (per day). - \$20

Expedite the cremation. - \$150

Expedite the filing of the death certificate(s) with overnight delivery. - \$100

Mailing cremated remains via USPS registered or express mail within the Continental U.S. - \$75 or \$125

Mailing of death certificate(s) within in the Continental U.S. - \$15

Arranging cremation outside our service area. - \$500

Death Certificates. - \$10 each

Death Certificate amendment not including the state fees. - \$75

Witness of cremation or identification viewing. - \$300

Cremation for deceased 300 lb and over. - starting at \$225

Providing insurance companies information to expedite personal policies. - \$55

Insurance assignment fee with payment made directly to Community Cremation by insurance company. - \$200

Transportation (one-way of the deceased within the service area from the refrigeration facility to site for autopsy or other procedure or if arrangements changed after deceased came into our care. - \$175

Transportation outside service area. - starting at \$75

Transportation for deceased 300 lb and over. - starting at \$125

Basic Services of Licensed Direct Disposer and staff. This fee is included in the cremation cost on the previous page and also includes a proportionate share of overhead costs. - \$445

Memorial products

Register/guest books. - starting at \$30.

White cover - \$30. Beige with design and wording "In Remembrance" - \$40.

Memorial cards/Prayer cards. - starting at \$1 per card.

Basic card includes; 2-sides, one-side color, any amount of text or pictures, the design, and business card size.

Other sizes and personalized styles are available.

Personalized thank you cards with envelope. starting at \$1 per card/envelope.

Urn Price List & Other Containers for Cremated Remains

Ask to see a detailed selection and price list for more traditional urns.

Disclaimer of Warranties for Merchandise

Community Cremation makes no warranties or representation concerning the products sold herein. The only warranties expressed or implied, granted in connection with the products sold are the expressed written warranties, if any, extended by the manufacturer. Community Cremation hereby expressly disclaims all warranties expressed or implied, relating to all such products including, but not limited to the implied warranties of merchantability and fitness for a particular purpose.

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PERSONAL INFORMATION FORM

The questions on this form are necessary to comply with the State of Florida Vital Statistics Office who issue certified death certificates. This form must be **printed and legible**. **Information left blank will show as "Unknown"**. Please sign below to acknowledge that the information will be relied on for the death certificate, that you have proofread all information for accuracy, and by signing you agree to be **responsible for any costs incurred due to errors**.

Deceased _____
(First name) (Middle name) (Last name) (Maiden name)

(Residence street address/#) (City) Inside City limits? Yes or No

(State) (Zip) (County) (Phone) Sex: Male or Female

Birthplace (City & State or Foreign Country) Date of Birth Age Social Security #

Married - Never Married - Widowed - Divorced - Married but separated (specify) _____
(Circle one)

Spouse _____
(First name) (Middle name) (Last name) (Maiden name)

Father _____
(First name) (Middle name) (Last name)

Mother _____
(First name) (Middle name) (Last name) (Maiden name)

Primary occupation (prior to retirement) _____ Industry or Business _____

Education level (highest completed): Elementary (1-12) _____ College (1-4 or 5+) _____

Diploma? Yes or No Degree? Yes or No Type? _____

U.S. Armed Forces? Yes or No Branch of Service _____ Rank _____

Race: White - Black - American Indian - Asian - Haitian - Other (specify) _____

Of Hispanic Origin? Yes or No If yes, specify (Cuban, Puerto Rican, Mexican, etc.) _____

Does the Deceased wear a pacemaker or other device? Yes or No Specify _____

Legal Next-Of-Kin _____
(Name) (Relationship to Deceased) (Phone)

(Street address/#) (City) (State) (Zip)

Today's date _____ Signature of Authorized Representative _____

Relationship to Deceased _____ Print name _____

I declare that all personal possessions have been or shall be removed from the deceased by the Next-of-Kin/Authorized Representative of the Deceased, and shall hold harmless, defend, indemnify Community, the Crematory, or its' agents and/or representatives from loss. Certain items, not limited to body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains may be destroyed during the cremation process. I authorize that if any items, other than the cremated remains of the Deceased are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory. I hereby authorize the Crematory to separate and remove from the cremation chamber all non-combustible materials including but not limited to jewelry and precious metals and to dispose of such materials.

Following cremation, the cremated remains of the Deceased, consisting primarily of varying sizes of bone fragments, will be processed to permit their placement in an urn or other container. In the event an urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess will be placed in a secondary container and returned to Community together with the primary urn or container.

I 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 of the Deceased and that some particles may inadvertently become co-mingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I hereby authorize the Crematory to dispose of any such residue particles in any lawful manner it deems appropriate.

In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, Community shall give written notice to the Next-of-kin/Authorized Representative of the Deceased by certified mail at the address(es) indicated in this authorization. I agree, in the event the cremated remains of the Deceased remain unclaimed for a period of 120 days after the date written notification is mailed, Community is authorized to dispose of the unclaimed remains of the Deceased in any manner deemed appropriate under state law.

I agree to indemnify, release and hold Community, the Crematory, their affiliates and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, take possession of, or make permanent arrangements for the disposition of such remains. Except as set forth in this authorization, no warranties expressed or implied are made by Community, the Crematory or any of their respective agents.

It is Community policy to require this form to be signed before scheduling any cremation by the Next-Of-Kin in the following order: Self, Spouse, Children (of legal age), Parents, Siblings, Grandchildren, Grandparents, or Authorized Representative.

(Signature) (Name) (Relationship to Deceased)

(Street address/#) (City) (State) (Zip) (Phone)

(Signature) (Name) (Relationship to Deceased)

(Street address/#) (City) (State) (Zip) (Phone)

(Signature) (Name) (Relationship to Deceased)

(Street address/#) (City) (State) (Zip) (Phone)

_____ personally appeared before me, in the State of _____, county of _____,

on this ____ day, of _____, 20____, to affirm (swear), that the contents of the document are true.

Signature of Authorized Representative _____

Signature of Notary _____

This person is (circle one): personally known to Notary or produced identification.

Type of ID: _____

REQUESTED DEATH CERTIFICATES

Community Cremation will assist with ordering the certified death certificates that are needed. Reorders are available at a later date, but can take longer. Certified death certificates are \$10.00 each.

Most companies requesting a death certificate require a certified copy rather than a photocopy. You may want to contact them for specific information regarding their policies. Ask if the death certificate needs to be with or without cause of death and if it will be returned or is it kept for their records. You may also want to consult your tax, legal, or financial advisor for further assistance in determining the quantity required for your specific circumstance.

What is the difference in the long and short forms? The cost is the same. The long form shows the cause of death and the short form does not. In Florida, the cause of death is considered confidential by Florida Law. Only certain persons are allowed to obtain copies containing the cause of death. Not all companies that ask for a certified death certificate will require a long form.

The following is a **partial** list where a certified death certificate **may** be requested.

- * Insurance (may require cause of death) - Life, Medical, Dental, Automobile, Travel/Accident, Homeowner's
- * Banks/financial institutions/brokers - change joint account information & title on outstanding mortgages, change title to safe deposit box or CD's, cancel direct deposits
- * Pension/retirement funds
- * Credit card - cancel individually held cards, change title on jointly-held cards
- * Clerk of Circuit Court in county where real estate is owned - transfer title
- * Department of Motor Vehicles - transfer title on vehicles, mobile homes, boats
- * Internal Revenue Service - notify tax advisor
- * Social Security Administration - if applying for survivor's benefits
- * Veterans Administration - if applying for burial allowance or survivor benefits
- * Home - change title on utilities, cell phone, telephone, water, power, cable
- * Attorney - if you have a Will or not, probate may be necessary

How many would you like to order? _____ county fee of \$ _____ each; your total cost \$ _____.

Of those requested above, how many in short form (without cause of death shown)? _____.

Of those requested above, how many in long form (with cause of death shown)? _____.

(If form quantities are not specified, half long and half short will be ordered.)

Today's date _____ Signature _____
(Next-Of-Kin/Authorized Representative)

Relationship to Deceased _____ Print name _____

OBITUARY INFORMATION

(Today's date)

(Name of Authorized Representative)

(Relationship to Deceased)

(Signature)

I request (initial one):

_____ No obituary at this time.

_____ A complimentary obituary in the Tampa Bay Times. Community Cremation will submit this information as part of their service. The newspaper editor determines content that actually appears in newspaper.

_____ A paid obituary. The Authorized Representative in charge of the arrangement will be responsible for the cost of the paid obituary. A fee of \$12 is added for Community Cremation to correspond with the newspaper to receive a proof and quote for approval prior to placement. This fee is per request and includes changes to the proof or original information given.

1. Tampa Bay Times - 5 lines free (31 spaces per line), \$11-12 each added line, photos \$50, other items extra.

2. Other newspaper(s) _____ Contact information _____

Only complete information below you would like in the obituary.

Name of Deceased _____

Spouse name _____ Married (year/date) _____

Son(s): _____

Daughter(s): _____

Brother(s): _____

Sister(s): _____

Parent(s): _____

Grand Children # _____ Great Grand Children # _____ Great, Great Grand Children # _____

Former residence (city/state) _____ Current residence (city/county) _____

Retired from (include position/title) _____

Member of church, civic group, lodge, club, etc. _____

U.S. Armed Forces? Yes or No Branch of Service _____ Rank _____

In lieu of flowers consider donations to an organization special to the deceased. List organization and contact information for the organization: _____