



Tri-County Cremation & Funeral Home
190 Ronald Reagan Blvd,
Suite 116
Longwood, Florida 32750
(407) 247-3076

IMPORTANT NOTICE

The information provided on the following pages will be used to complete the Death Certificate and Newspaper notice. Please be very careful in providing this information. If there is an error or mistake, the Death Certificate will be inaccurate and will then need to be amended. All amendments come from Jacksonville and take 6 to 8 weeks to be fixed. Not only is this very upsetting to you, but it is also very expensive. Please verify all the information on the worksheet for accuracy and spelling.

It is always our goal to provide you with accurate and timely service.

(signature)

(date)

Date



Tri-County Cremation & Funeral Home

TOD: _____

Arrangement Record

DR: _____

Please Fax back to 407-332-9455

DECEDENT'S NAME <i>First, Middle, Last, Suffix</i>		CASE#		Burial Permit#		Sex																									
DATE OF BIRTH <i>month/day/year</i> / /		AGE <i>Last Birthday</i> years		UNDER 1 YEAR months days		UNDER 1 DAY hours min																									
DATE of DEATH / /		SOCIAL SECURITY NUMBER		BIRTHPLACE <i>City and State or Foreign Country</i>		COUNTY of DEATH																									
PLACE of DEATH		HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient / Emergency Room <input type="checkbox"/> Dead on Arrival		check only one: Non-HOSPITAL: <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home / Long Term Care <input type="checkbox"/> Decedent's Home		<input type="checkbox"/> Other, Specify:																									
FACILITY NAME: <i>(If not institution, give street address)</i>		CITY, TOWN or LOCATION OF DEATH		INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO																											
MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		SURVIVING SPOUSE'S NAME <i>(If wife, give maiden name)</i>		YRS married:																											
RESIDENCE - STATE		RESIDENCE - COUNTY		RESIDENCE - CITY, TOWN OR LOCATION																											
RESIDENCE - STREET ADDRESS		APT #		ZIP CODE		PHONE:																									
DECEDENT'S USUAL OCCUPATION <i>(DO NOT USE RETIRED)</i>		KIND OF BUSINESS or INDUSTRY		INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO																											
EMPLOYER		YEARS		LOCATION																											
DECEDENT'S RACE: <i>(Specify the race(s) to indicate what decedent considered him(her)self to be, more than one may be selected.</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central / South American <input type="checkbox"/> Haitian <input type="checkbox"/> Other Hispanic:																															
DECEDENT'S EDUCATION: <i>(Specify the decedent's highest degree or level of school completed at the time of death)</i> <input type="checkbox"/> 8th or less <input type="checkbox"/> High School, no diploma <input type="checkbox"/> High School diploma or GED <input type="checkbox"/> College, no degree <input type="checkbox"/> College degree: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate						WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO																									
FATHER'S NAME: <i>(First, Middle, Last)</i>				MOTHER'S NAME <i>(First, Middle, Maiden Surname)</i>																											
INFORMANT'S NAME				RELATIONSHIP to the DECEDENT:		YOUR MAILING STATE																									
INFORMANT CITY OR TOWN		INFORMANT STREET ADDRESS				INFORMANT ZIP																									
PLACE of DISPOSITION: <i>Name of Cemetery, Crematory or Other</i> ALL FLORIDA CREMATORY				LOCATION - STATE FLORIDA		LOCATION CITY or TOWN DEBARY																									
MEDTHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other: _____																															
If Cremation, Donation, or Burial at Sea, was Medical Examiner approval granted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																															
<table border="1"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																															
NOTES:				CELL PHONE NUMBER:		WORK PHONE NUMBER:																									
				NEWSPAPERS																											
				<input type="checkbox"/> DeLand <input type="checkbox"/> Orlando <input type="checkbox"/> Other:																											

Florida Statutes

Title XXXIII Regulation of Trade, Commerce, Investments and Solicitations
Chapter 497 Funeral, Cemetery, and Consumer Services

497.609 Liability of direct disposers, direct disposal establishments, funeral directors, funeral establishments, and cinerator facilities regarding cremation. – If a direct disposer, direct disposal establishment, funeral director, funeral establishment, or cinerator facility is given a copy of the deceased’s declaration of intent to be cremated, or a court order directing the cremation of the deceased’s human remains, no person may make a claim objecting to the cremation against that direct disposer, direct disposal establishment, funeral director, funeral establishment, or cinerator facility. If a direct disposer, direct disposal establishment, funeral director, funeral establishment, or cinerator facility performs a cremation pursuant to the authorization of a legally authorized person who 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, and the deceased’s human remains are subsequently cremated, no person may make a claim objecting to the cremation against that direct disposer, direct disposal establishment funeral director funeral establishment, or cinerator facility.

- - - - -

As the legal representative of the family of _____,
Decedant

I attest that there are no objections to cremation in this case.

Signature

Printed Name



Tri-County Cremation & Funeral Home
190 S. Ronald Reagan Blvd
Suite 116
Longwood, Florida 32750

AUTHORIZATION TO EMBALM

To: Tri-County Cremation and Funeral Home of Longwood Florida 32750

 (Name of Decedent)

I, _____, () **Do** or () **Do Not** request EMBALMING, which I understand is the replacement of body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. I further understand that EMBALMING IS NOT REQUIRED BY LAW.

The undersigned hereby acknowledges and agrees that the foregoing *Authorization to EMBALM* permits the above mentioned (funeral home) to use the service of Independent Embalmers and/or apprentices or student interns in connection with the Embalming, Care and Preparation for disposition of the decedent, provided that any person rendering such service is allowed to perform such work under applicable law. The undersigned further acknowledges that the Embalming, Care and Preparation for disposition of the decedent may be performed at the Funeral Home's facility or at another facility equipped to provide such services. The undersigned hereby agrees to *indemnify* and *hold harmless* the Funeral Home, its affiliates and their agents and employees from any and all liability or claims which may result from any action taken in accordance with this Authorization to Embalm.

Executed in the City of: Longwood in the state of: Florida

 Signature

 Relationship to Decedent

 Date signed

 Signature

 Relationship to Decedent

 Date signed



Tri-County Cremation & Funeral Home
190 S. Ronald Reagan Blvd
Suite 116
Longwood, Florida 32750

AUTHORIZATION TO RELEASE REMAINS

To: Tri-County Cremation and Funeral Home of Longwood Florida 32750

(Name of Decedent)

The undersigned hereby authorizes and requests the release of the remains of the above named decedent to the following Funeral Home, including its agents:

Tri-County Cremation and Funeral Home, Longwood Florida, 32750

Phone: (407) 247-3076

The above named Funeral Home, including its agents, is hereby authorized to sign on behalf of the undersigned, any and all other authorizations that may be required to secure release of the above named decedent. The undersigned further represents that they have the legal right to make this authorization.

Signature

Relationship to Decedent

Date signed

Signature

Relationship to Decedent

Date signed



Tri-County Cremation & Funeral Home
190 S. Ronald Reagan Blvd
Suite 116
Longwood, Florida 32750

Cremation Procedures

Once the Funeral Director meets with the next of kin or the party responsible for making the funeral arrangements, the information that was gathered during the arrangement conference is transferred to a Florida death certificate at our office.

The death certificate is now an official document and will be mailed to the attending physician who, in turn, will sign the death certificate. As a rule, the death certificate will be held at the doctor's office until the following day, or sometimes the day after. Once we are notified that the doctor has signed the death certificate and has faxed it back to us, and then they will mail the original certificate back to Tri-County. Tri-County will then mail the original death certificate to the appropriate county vital statistics. After your certificate has been filed, they in turn will mail you, your certified copies.

The death certificate is then faxed to the county Medical Examiner's office. After carefully reviewing the certificate, the Medical Examiner's office will fax back approval for cremation to Tri-County Cremation and Funeral Home. This is usually a 24 hour process. The cremation authorization is then faxed to the crematory. Within the next 24 hours, depending on the crematory's schedule, the cremation is completed.

After this basic process is completed, we will return your loved one back to you. Unlike the funeral home, County offices do not work on the weekend. Therefore, Saturday and Sunday won't count in the time frame we have just outlined. Be assured that Tri-County Cremation and Funeral Home will do everything in their power to make sure that your cremation is completed in a timely manner.

This is the rule, not the exception.

Signature

Date

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT.

**IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL.
READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

I/We, the undersigned, certify, warrant and represent that I/We have the full legal right and authority to authorize the cremation, processing and disposition of the remains of: _____ (hereafter referred to as "Deceased"). I/We hereby request and authorize **Tri-County Cremation and Funeral Home and/or Agents** (hereafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the deceased at: **All Florida Crematory, Inc.** (hereinafter referred to as "Crematory"). I/We authorize and request the Crematory return the cremated remains of the deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the crematory shall be fulfilled when the cremated remains of the deceased are returned to the possession and custody of the Funeral Home. I/We authorize the Funeral Home to arrange the disposition of the cremated remains of the deceased as follows:

- Is special handling required? _____ No _____ Yes, Describe: _____
- _____ Description of urn or container selected: _____ Suitable for shipping? _____ No _____ Yes
- _____ Forward cremated remains to cemetery: _____
- _____ Release cremated remains to family: _____
- _____ Scattering cremated remains by Funeral Home or Funeral Home agent
- _____ Mail cremated remains (Urn Required) to: _____
- _____ Other: _____

The cremation, processing and disposition of the remains of the deceased authorized herein shall be performed in accordance with all governing laws, rules, regulations and policies of the Crematory and Funeral Home, and the following terms and conditions:

1. The remains of the deceased will not be accepted for cremation unless received by the crematory in a combustible, leak resistant, rigid cremation container prior to the cremation. In the event the remains of the deceased are received by the crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/We authorize the remains of the deceased to be removed prior to cremation and placed into a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted in the remains of the deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the deceased contain such a device, I/We authorize the Funeral Home or Crematory, its Licensed Embalmer or agent, to remove any such mechanical devices from the remains of the deceased prior to cremation and arrange for the proper disposition of said device in a lawful manner it deems appropriate.

I/WE HEREBY CERTIFY THAT THE REAMINS OF THE DECEASED _____ DO _____ DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE. (Funeral Home will charge to remove pacemakers or other devices).

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the deceased prior to cremation: _____

3. The cremation container containing the remains of the deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the deceased in order to facilitate a complete and thorough cremation.
4. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the deceased may be destroyed during the cremation process. I/We further 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.
5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including but not limited to hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.
6. Following cremation, the cremated remains of the deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
7. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the deceased in a cardboard box which is not suitable for any type of shipment.
8. In the event the urn or container is insufficient to accommodate all of the cremated remains of the deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
9. I/We 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 crematory chamber and/or other devised utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
10. Unless I/We give specific instructions in the Authorization, the cremation, processing and disposition of the remains of the deceased will not be performed in accordance with any particular religious or ethnic customs.
11. In the event the cremated remains of the deceased remain unclaimed for a period of thirty (30) days, the Funeral Home shall give written notice to me/us by certified mail at the address indicated in the Funeral Home file. I/We agree that in the event the cremated remains of the deceased remain unclaimed for a period of 120 days after the date of such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains in any lawful manner it deems appropriate.
12. I/We agree to indemnify, release, and hold harmless the Funeral Home and Crematory for any and all loss, damages, liability, or cause for action regarding the cremation and disposition of the deceased, when the Funeral Home and Crematory have made a reasonable attempt(s) to fulfill the obligation(s) as authorized herein. The aforementioned statement will also be true if I/We fail to take possession of, or make permanent arrangements for the disposition of said remains. I/We agree to indemnify, release, and hold harmless, the Funeral Home and Crematory in connection with the cremation of the deceased if I/We decline or fail to properly identify the deceased prior to cremation. I/We will be financially responsible for costs incurred for damage to the Crematory resulting from My/Our failure to disclose the presence of any implanted mechanical or radioactive device(s).
13. Except as set forth in this authorization, no warranties are expressed or implied by the Funeral Home and Crematory, its affiliates, agents or employees.
14. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process.
15. I/We understand that the cremation process will not take place immediately. I/We acknowledge and understand that the cremation process should be completed **within 7 to 10 business days (which does not include holidays or weekends)**. Estimated date of cremation: _____

Cremation will not take place until the following is completed:

- * **Death Certificate is completed and signed by the physician.**
- * **The Medical Examiner reviews the completed death certificate.**
- * **The Medical Examiner issues authorization for cremation.**
- * **The Contract for Services and Merchandise is Paid in Full.**

I/We warrant that all representations and statements made herein are true and correct, and that I/We have read and understand the provisions contained in this document.

Signature: _____ Relationship to Deceased: _____ Date: _____

Signature: _____ Relationship to Deceased: _____ Date: _____

Witness: _____ Title: _____ Date: _____

DISCLOSURE NOTICE

Read this document carefully before signing.

This is a legal document. It contains important provisions concerning cremation. Cremation is **irreversible and final**.

Mechanical Devices and Implants: Mechanical devices and implants in the Decedent may create a hazardous condition when placed in a cremation chamber and subjected to heat. The Crematory will not cremate any human remains that contain any mechanical device or implants (such as cardiac pacemaker or insulin pump).

- I hereby certify the remains of the decedent does not contain any type of implanted silicone, mechanical or radioactive device.
- I hereby certify the remains of the decedent DOES contain implanted silicone, mechanical or radioactive devices.

Description: _____

Unless otherwise indicated in writing, Tri-County Cremation and Funeral Home is authorized to dispose of such device(s) at its sole discretion. Upon such disposition, such device(s) will be irretrievable. I understand that, due to the nature of the cremation process, all mechanical devices and implants will either be destroyed or not recoverable. I agree to be liable for any damage to the crematory or injury to personnel in the event of my failure to timely disclose the existence of such implanted items.

Signature of Authorized Agent

Date

CREMATION PROCESS

The funeral home personnel places the human remains of the decedent in a combustible casket or other container and delivers them to the crematory. All cremations are performed individually. The cremation process begins with the placement of the casket/container in the cremation chamber where it is subjected to intense heat and flame reaching temperatures between 1400 and 1800 degrees Fahrenheit. After approximately two and ½ hours, all substances are consumed or driven off, except bone fragments (calcium compounds) and metal, as the temperature is not sufficiently high enough to consume them. During the cremation process, it may be necessary to open the cremation chamber to reposition the decedent in order to facilitate a complete and thorough cremation.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework), that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or will otherwise not be recoverable. The Authorized Agent understands that arrangements must be made with Tri-County Cremation Service to remove such possessions or valuables prior to the time that the decedent is transported to the crematory.

Following an appropriate cooling period, the cremated remains are swept or raked from the cremation chamber. The crematory staff makes all reasonable efforts, and uses its best efforts, to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust or other residue from the process are always left behind. In addition, while every effort will be made to avoid co-mingling, inadvertent or incidental co-mingling of minute particles of cremated remains from the residue of a previous cremation is a possibility, and the Authorized Agent understands and accepts this fact.

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental co-mingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.

After cremated remains have been processed, they will be placed into a designated urn or container. The Crematory staff will make reasonable effort to put all the cremated remains in the urn or container with the exception of dust or other residue that may remain on the processing equipment. Tri-County Cremation and Funeral Home will deliver/dispose of the urn/container containing the cremated remains, as directed by the Authorized Agent.

I have read and understand this disclosure concerning the Cremation Process.

(Signature of Authorized Agent)

(Name of the Deceased)

Date of Death

PACEMAKER / MORPHINE PUMP REMOVAL FEE: \$215.00



**Tri-County Cremation & Funeral Home
190 S. Ronald Reagan Blvd
Suite 116
Longwood, Florida 32750**

DISCLOSURE STATEMENT

Effective May 1, 2007

Date: _____, 2009

Name of Funeral Home: Tri-County Cremation and Funeral Home
Name of Funeral Director: Michael R. Blickenstaff F046716

Name of Deceased: _____

The Federal Trade Commission Trade Regulation Rule on "Funeral Industry Practices" require certain disclosures and prohibits misrepresentations. The following is a checklist we ask those we serve to read and sign for the purpose of confirming that during the arrangement conference for the funeral of the decedent named above, our cremation society did comply with the procedures outlined below.

1. You were given a **General Price List** dated May 1, 2008 prior to discussing, or upon the beginning discussion of cremation arrangements, or the selection of any funeral goods and services.
2. You were shown a cremation container price list prior to discussing, or upon beginning discussion of cremation containers.
3. You were advised that the law does not require embalming except in certain cases. You were also advised the Embalming is not required for direct cremation, immediate burials or refrigeration is available and the funeral is without viewing or visitation and with a closed casket, where state and local law does not require embalming in such cases. If embalming was provided, it was done with your approval.
4. You were advised that no law requires a casket for direct cremation, or that a casket, other than an unfinished wood box, is required for direct cremation.
5. A pre-need funeral agreement was / was not applicable to this purchase.
If a pre-need funeral agreement was in effect for this purchase:
 - The service and merchandise specified in the agreement were provided by us at no additional charge.
 - The service and merchandise specified in the agreement were changed or modified at the request of the person(s) making arrangements.
 - The service and merchandise specified in this agreement could not be provided by us for the following reasons:
_____.
6. The only warranties expressed or implied granted in connection with any merchandise sold with the cremation service you arranged were the expressed written warranties, if any, extended by the manufacture thereof. No other warranties and no warranties other merchandise or fitness for a particular purpose are extended to you.
7. You were advised that the amount of each of the cash advance items were the cost to the Funeral Home except where such was the case. You were advised that the cremation society cost may be different based on volume or cash discounts or other professional / trade customs as were permitted by state or local law.
8. You were given a Statement of Funeral Goods and Services which lists all of the services and merchandise you selected.

The undersigned hereby confirm that the foregoing procedures were complied with in their entirety by Tri-County Cremation and Funeral Home.

(signature of purchaser)

(date)

Longwood/Sanford	Orlando	DeLand	Daytona	Statewide
407-247-3076	407-859-0908	386-574-7773	386-248-3933	800-521-8173

Fax: 407-332-9455



Tri-County Cremation & Funeral Home
190 S. Ronald Reagan Blvd
Suite 116
Longwood, Florida 32750
Phone: (407) 247-3076
Fax: (407) 332-9455

After cremation, I _____ legal next of kin, wish to
have the cremated remains of _____ placed in:

- Urn: _____
- Alternative Container from the crematory \$25.00
- Scattered at Sea
- Forwarded to a Cemetery
- Urn furnished by the Family – no engraving

Urn Description: _____

Urn Material: _____

Name to be engraved on urn: _____

Dates to be engraved: _____ & _____

Name of Cemetery: _____

Address: _____

City: _____ State: _____ Zip: _____

Section: _____ Lot: _____ Grave: _____

Family Address:

Name: _____

Address: _____

Signature: _____ / _____

Date

Signature of Funeral Director

Date



Tri-County Cremation & Funeral Home
190 Ronald Reagan Blvd,
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GENERAL PRICE LIST effective May 1, 2008

\$775.00 DIRECT CREMATION SERVICE INCLUDES:

- 24 Hour Availability to respond to your request for services
- Personal arrangement consultation with responsible person(s)
- Transportation of the deceased from place of death
- Refrigeration, shelter of deceased until cremation
- Preparation & delivery of original death certificate to doctor
- Obtaining cremation approval from County Medical Examiner
- Ordering certified copies of Death Certificate
- Filing original death certificate with Vital Statistics
- Placement of free obituary in local newspaper
- Notification to Social Security
- Cremation using a rigid fiberboard container

Tri-County Cremation Service price of \$775.00 is inclusive and complete. However, some third party charges or fees will apply in certain situations. There are also other items and services listed below which we can provide to you at a very reasonable cost.

SERVICE CHARGES & FEES

Transportation of deceased beyond 35 miles: \$3.00 per mile
Refrigerated storage of deceased after 10 days: \$8.00 per day
County Medical Examiner cremation approval fee: \$30.00 (Volusia, Seminole & Lake Counties)
Scattering at Sea by plane: \$195.00
Certified copies of Death Certificate: (Seminole \$8.00)
Domestic shipping of cremains by registered mail: \$85.00
Rush Service, within 5 business days: \$250.00
Removal of Pacemaker: \$215.00
ID Viewing, family only: \$200.00
Reorder of death certificates: \$30.00 plus cost of certificates
Currier and Errand car fee: \$50.00 out of our service area

MERCHANDISE

Cremation Urns: \$25.00 - \$748.00
Cremation Caskets: \$35.00 - \$3500.00
Memorial Book Package: \$109.00
Cremation Vaults: \$325.00 to \$925.00
Temporary Urn: \$25.00

EFFECTIVE JANUARY 1, 2010

The prices shown below are discounted off our General Price List.
Your price may be more or less than quoted below.

We are sorry, but the high gas prices have affected us too.

_____ OPTION #1 \$880.00
Simple Direct Cremation, includes Medical Examiner Fee, 5 death certificates and temporary urn. All Documents are prepared and hand delivered by our staff with cremation completed within 7 to 10 days.

_____ OPTION #2 \$1080.00
Simple cremation with ID Viewing, Medical Examiner Fee, 5 death certificates. No Urn.

_____ OPTION #3 \$1475.00
Simple cremation with Upgraded Cremation Container and dressing ID Viewing, Medical Examiner Fee and 5 death certificates. No Urn.

_____ OPTION #4 \$2005.00
Complete Memorial Service in our chapel or at another facility. No Urn.

These are only examples, your package could be more or less than the above.

Above prices are for Seminole County

Professional Fees:	\$200.00
Refrigeration	\$100.00
Removal from place of death:	\$200.00
Cremation	\$240.00
Cremation Container	\$ 35.00
	\$775.00

Signature

Date

Fax: (407) 332-9455

SOCIAL SECURITY ADMINISTRATION
800-772-1213

This is an explanation of commonly asked questions pertaining to Social Security death benefits and the need for certified death certificates.

There is a *one time* death benefit of \$255.00 payable only to a surviving spouse and is sent directly to the spouse.

The original death certificate is filed in Jacksonville and the family will receive the certified copies. They are NOT to be copied although various companies may make a copy if it is required for their records.

Certified copies are needed for:

** Property **Banks ** Lawyers ** Life Insurance Companies ** Pensions ** Stocks
** Annuities ** Trusts ** Social Security

You may want to file a short form (without the cause of death) with the clerk of the court, which will be required when you sell or transfer your property in the future.

We make a Statement of Death, notifying the SSA that the death has taken place. It will take a week or two for them to get the death recorded.

SSA may require an adjustment to be made on the last check they will tell you what to do. If the check is deposited into your account automatically by the SSA, they will deduct it automatically. If it is mailed directly to you, the SSA will request you return it.

This information is only a guideline. For more specific information or questions, contact the Social Security Administration Office nearest you.

We have found that 5 – 6 Death Certificates is about average for most families.



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(407) 247-3076

Michael R. Blickenstaff, Owner, Funeral Director

As a part of our commitment to caring service to our families, the following is a list of things which you will have to take care of as soon as possible:

1. Notify your attorney of the death and obtain a copy of the decedent's Will as soon as possible.
2. Record a certified copy of the death Certificate with the Clerk of the Court in the county where the decedent was a resident.
3. Be aware that auto tags and registration should be changed as soon as possible. Auto tags are renewable during the birth month of the deceased.
4. If the decedent was retired or collecting Social Security at the time of death, the Social Security Office should be notified as soon as possible of the death.
5. If the decedent was receiving veterans benefits at the time of death, the Veterans Administration should be contacted within two weeks following the death to apply for any death benefits which may be available.
6. Notify the automobile insurance carrier, there may be a partial refund of any premiums paid by the decedent.
7. Notify life insurance companies, banks, credit union, stock and brokerage companies, etc. They also may want a copy of the Death Certificate.