



**DEPARTMENT OF FINANCIAL SERVICES**  
**Division of Funeral, Cemetery & Consumer Services**  
**200 East Gaines Street**  
**Tallahassee, FL 32399- 0361**

**PRENEED CLAIM – FORM “B”**  
**For use by Surviving Spouse, Family Member or Legal Representative**

ATTENTION CLAIMANT -- This form is for use by Surviving Spouse, Family Member or Legal Representative of a Decedent who was a Beneficiary under a preneed contract, where the seller of the preneed contract has defaulted or is no longer in business. Different claim forms are used where the claimant is an At-Need Provider, or is the Beneficiary who is still alive and seeks a refund. All forms are available on the website of the Florida Division of Funeral, Cemetery, and Consumer Services, at [www.myfloridacfo.com/FuneralCemetery/](http://www.myfloridacfo.com/FuneralCemetery/). Processing and allowance of preneed claims are controlled by s. 497.456, Florida Statutes, and rule 69K-10.002, Fla. Administrative Code. **USE INK** – no pencil. Please **PRINT CLEARLY** and answer all applicable questions – If any answer is illegible, or the form is incomplete, it may delay processing or require submission of another claim form. Where “DK” is a choice below, it means you “Don’t know.”

Fill this form out completely in blue or black ink; sign it, and **MAIL** the **ORIGINAL** to the Division, with all required ATTACHMENTS (see last page of claim form), to the following address: Funeral & Cemetery Division, ATTN: Preneed claims, 200 E. Gaines Street, Larson Bld, Tallahassee FL 32399-0361. You must provide us with the original signed claim; due to fraud considerations we cannot process a photocopy or scanned copy of the signed original. See page 4 for more instructions and explanation of terminology.

**Section A1. Claimant Information** (claimant is the surviving spouse, family member or legal rep signing this claim)

1) <b>Claimant name</b> (full legal name):	2) <b>Claimant phone #</b> (area code+ ph #): (    )    -
3) <b>Claimant’s full address</b> (street, city, state, zip) (PO Boxes are NOT acceptable):	
4) <b>Claimant’s Email Address:</b>	
5) Are you, the claimant, aware of any person who does or would dispute your authority and standing to file this claim and/or to receive payment under this claim? (check one)    YES <input type="checkbox"/> NO <input type="checkbox"/>	
6) <b>Enter claimant’s Social Security Number or FEIN:</b>	
<p><b>Purpose and Use:</b>          The collection of social security numbers on this claim form is required pursuant to 26 USC 6109, and will be used for purposes of complying with filing requirements imposed by the U.S. Dept of Treasury, Internal Revenue Service. All payments made on approved Consumer Protection Trust Fund claims will be reported to the U.S. Dept of Treasury, Internal Revenue Service. The social security number may also be used for any other purpose required or authorized by federal or Florida law.</p>	

**Section A2 Claimant’s relationship to Beneficiary (decedent) (check applicable category):**

<input type="checkbox"/>	1) Claimant is the surviving spouse of Decedent	<input type="checkbox"/>	4) Claimant is brother or sister of Decedent
<input type="checkbox"/>	2) Claimant is adult child of Decedent	<input type="checkbox"/>	5) Claimant is friend of Decedent
<input type="checkbox"/>	3) Claimant is other blood relative of Decedent as follows:	<input type="checkbox"/>	6) Claimant is court appointed representative of Decedent’s estate (attach court papers showing appointment)
<input type="checkbox"/>	7) Claimant is Other as follows:		

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**Section B – Information about the Decedent** (a/k/a Beneficiary, whose death and funeral or other final arrangements were the subject of the preneed contract)

1) Beneficiary’s name:	2) Place of death (county & state):	3) Date of death:    /    /
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**Section C -- Information About The Preneed Contract and Payments**

1) Name of firm that issued the preneed contract and has failed to fulfill the preneed contract:		
2) Date of the preneed contract that is the subject of this claim:	3) What was the total price of the preneed contract:	4) Preneed contract number (will usually be printed at or near the top of the preneed contract):
5) Who paid for the preneed contract? <input type="checkbox"/> Beneficiary <input type="checkbox"/> Someone else (provide below their name, address, and relationship to Beneficiary)		
6) How was payment made? <input type="checkbox"/> Cash <input type="checkbox"/> Check(s) <input type="checkbox"/> Credit card <input type="checkbox"/> Automatic bank account debits <input type="checkbox"/> Other as follows:		
7) Was payment for the preneed contract made in a single lump sum, or in installment payments? <input type="checkbox"/> Single lump sum <input type="checkbox"/> Installment payments		
8) What was the total amount you can prove (with cancelled checks, receipts, or other documentary evidence) was actually paid for the preneed contract? \$		
9a) Were any portion of payments for the preneed contract put into trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <b>If Yes—</b> b) State the name and address of the trust company or trust servicing agent:  c) How much was put into trust? \$ d) Have any trust funds been paid out yet to Beneficiary, Purchaser, an at-need provider, or other person? <input type="checkbox"/> Yes <input type="checkbox"/> No e) If Yes, how much paid out? \$		
10a) Were any goods or merchandise delivered by the original preneed contract seller, to the Beneficiary or Purchaser, under the preneed contract? (e.g., urn, casket, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No b) If yes, identify the items here:		
11a) Were any refunds or cancellation funds at any time paid to Beneficiary or Purchaser or other person by the original preneed contract seller? <input type="checkbox"/> Yes <input type="checkbox"/> No b) If Yes, how much? \$		
12) Was the preneed contract funded in whole or part by a life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name of life insurance company: What is the policy number: Have any proceeds been paid by the life insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
13) Have you attempted without success to contact the original seller of the preneed contract to have the contract honored? <input type="checkbox"/> YES <input type="checkbox"/> NO (if NO, attach explanation and specify how the preneed contract has been breached)		

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**Section D -- At-Need Contract & Services** (“at-need” contract and services refers to funeral home services and/or other deathcare services for Decedent, contracted for and provided **after** Decedent passed away)

1a) Name of funeral home, cremation service or other deathcare provider who provided the services:
b) Address of that firm (street, city, state, zip):
Total price you were charged for all at-need goods & services relating to final disposition of Beneficiary’s remains: \$

Of the total amount stated on the line above, how much is attributable to goods or services that should have been provided under the preneed contract?  
\$ \_\_\_\_\_

State the total amount actually paid for at-need goods & services relating to final disposition of Beneficiary's remains:  
\$ \_\_\_\_\_

**Family representative.** Provide name, address, and phone number of the surviving spouse, family member or other person who primarily interacted with the funeral home or cremation service to provide information, instructions, and authorizations concerning goods & services relating to final disposition of Beneficiary's remains. If this person is the claimant, **check here**  and skip to next item.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: (     )     -     \_\_\_\_\_

Relationship of that person to the decedent:  Spouse  Adult child  Brother or sister  Parent  Grandchild  
 Other as follows: \_\_\_\_\_

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**At-need contract signatory.** Provide name, address, and phone number of the person who signed the at-need contract with the funeral home or cremation service, regarding goods & services relating to final disposition of Beneficiary's remains. If this is the same person as Family Representative identified above, **check here**  and skip to next item.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: (     )     -     \_\_\_\_\_

Relationship of that person to the decedent:  Spouse  Adult child  Parent  Brother or sister  Grandchild  
 Other as follows: \_\_\_\_\_

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Have all the at-need goods & services contracted for, relating to final disposition of Beneficiary's remains, been provided and completed? (check applicable) YES  NO

If NO, specify what goods/services have not been provided or completed: \_\_\_\_\_

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**Section E Amount of Claim**

1) State the amount you are claiming under this claim: \$ \_\_\_\_\_

**SIGNATURE OF CLAIMANT**

Florida Statute 837.06 False official statements.--Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

I, the person signing below, do certify that all the information provided herein is true and correct, and that all materials submitted with this claim are legitimate and authentic, to the best of my knowledge and belief.

\_\_\_\_\_

Claimant signature \_\_\_\_\_  
 Date signed

Print name of person signing above: \_\_\_\_\_

**NOTARY**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, by

\_\_\_\_\_, who (check one)

\_\_\_ Is personally known to me \_\_\_ Produced a picture ID of the following type:

\_\_\_\_\_  
 Signature of Notary

Affix Seal

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**ATTACHMENTS**

**Submit the following items with this claim:**

- 1) Preneed contract. It shall be complete, fully legible, and signed and dated.
- 2) Preneed contract amendments or addendums, signed and dated.
- 3) Proof of amount paid for the preneed contract. Typically such proof consists of one or a combination of:
  - Copies of cancelled checks (front and back) showing payment or payments for the preneed contract.
  - Receipts issued by the seller of the preneed contract.
- 4) Original certified death certificate (see explanation of below).
- 5) At-need contract with funeral home, cremation service, and/or other deathcare service provider for goods & services relating to final disposition of Beneficiary's remains.
- 8. Proof of amount paid on the at-need contract (typically a copy of customer's check payable to you)

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WHERE TO SEND THIS CLAIM FORM: To file this claim, complete and mail this form with required attachments, to:

Funeral and Cemetery Division ATTN: PRENEED CLAIMS  
Larson Bld, 200 East Gaines Street  
Tallahassee FL 32399-0361

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**TERMINOLGY.**

**“Beneficiary”** is the person whose death and final arrangements are/were the subject of the preneed contract.

**“Purchaser”** is the person who actually paid for the preneed contract. In most cases the Purchaser and the Beneficiary are the same person. However, in some cases a spouse, an adult child or other family member, or some other person, may separately pay for the preneed contract. Whoever pays for the contract is the “Purchaser.” From a legal perspective, the Purchaser is generally considered the owner of the rights under the contract.

**“At-need contract”** refers to a contract (agreement) for funeral, cremation, burial, or related services and merchandise, purchased at or after the time of death. For example, when a person dies and a surviving family member engages a local funeral home to take the body and conduct funeral services or perform a cremation, there is typically an “at-need” contract (agreement) entered into for those at-need services.

**“At-Need Provider”** typically refers to a funeral home or cremation service or cemetery, which provides services pursuant to a contract or agreement entered into at or after the time of death.

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