



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

**PRENEED CLAIM – FORM “C”**  
**Purchaser Seeking Refund**

**ATTENTION CLAIMANT** -- This form is for use by the Purchaser of a preneed contract, or the legal representative of a living but incapacitated Purchaser, seeking a refund of amounts paid on a preneed contract because the preneed contract seller is not honoring contracts. Different claim forms are used where the claimant is an At-Need Provider, or is the Surviving Spouse or a Family Member of a deceased Beneficiary. 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 Bldg, 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.

**NOTICE:** No refunds are provided where another provider has agreed with the Division/Board to honor the preneed contracts of the defaulting preneed seller.

**Section A1. Claimant Information** (claimant is the purchaser submitting this claim)

1) Claimant name (full legal name)	2) Claimant phone # (area code+ ph #)	
4) Claimant’s full address (street, city, state, zip) (PO Boxes are NOT acceptable)		
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? (circle one) YES NO		

**Section A2 Claimant’s Status (check applicable category):**

1) Claimant is the Purchaser of the preneed contract (the person who paid for the preneed contract)	2) Claimant is court appointed representative of a living Purchaser.
3) Other as follows:	

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**Section B – Information about the Purchaser** (Purchaser is the person who **paid** for the preneed contract. Usually the Beneficiary pays for the preneed contract, but sometimes a spouse, adult child, or other person pays for the preneed contract.)

If Purchaser and Claimant are the same person, check here \_\_\_ and skip to next Section. Otherwise, state Purchaser’s name, address, and phone # here:

Name:

Address:

Phone# (area code & ph #):

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**Section C-- Information About The Preneed Contract and Payments**

1) Name of firm that issued the preneed contract and that you believe will not honor 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) How was payment for the preneed contract 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:
6) 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
7) What was the total amount you can prove was actually paid for the preneed contract? (with cancelled checks, receipts, or other documentary evidence) \$ _____
8a) 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? \$ _____
9a) 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:
10a) Have any refunds or cancellation funds at any time been paid to Beneficiary or Purchaser concerning the preneed contract? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No b) If Yes, how much? \$ _____
11) Was the preneed contract funded in whole or part by a life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES:</b> a) State name of life insurance company: b) What is the policy number: c) Have any proceeds been paid by the life insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
12) 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, state how the preneed contract has been breached:

**Section D Amount of Claim**

State the amount you are claiming under this claim: \$ _____
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**Collection of Social Security Numbers — Purpose and Use**

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.

ENTERclaimant's Social Security Number or FEIN: \_\_\_\_\_

**SIGNATURE OF CLAIMANT**

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. [Florida Statutes]

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).

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 Bldg, 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.

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 Bldg  
200 East Gaines Street  
Tallahassee FL 32399-0361

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**TERMINOLGY**

“**Original Death Certificate**” is the death certificate that bears the original embossed seal or colored stamp and/or signature of the issuing county (e.g. Department of Health/ **Bureau** of Vital Statistics) staffer.

“**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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