

PLEASE READ BEFORE COMPLETING PAPERWORK

Thank you for contacting us and allowing us to direct and assist you. Attached is the paperwork to be completed and returned within 24 hours and is necessary for us to proceed. Below you will find answers to some questions you may have.

Cremation Center of Birmingham is a full-service crematory and funeral home located in Woodstock Alabama. We are 35 miles southwest of downtown Birmingham. Our physical address is 1013 Shady Oaks Drive Woodstock Alabama 35188

The basic direct cremation fee is \$950.00. This price includes transportation within 40 miles (Over 40 miles, additional mileage will apply). We notify Social Security and file the death certificate at no additional cost.

Death certificates- The death certificate can be obtained from any State of Alabama health department after filing is complete. The cost of the death certificates is \$15.00 for the first certified copy and \$6.00 for each additional certified copy. This is to be paid directly to the health department (we will email instructions on how to obtain once they are filed). Please know that we understand the urgency of getting a death certificate and will work diligently to get them signed by our staff as well as the certifying physician.

The urn that is included is a black rectangular style hard plastic box. The dimensions are 8.5"x6.5"x4.5". This urn is sufficient for many of our families who plan to bury or scatter the cremated remains. This urn also meets most airline requirements (contact your airline prior to travel to inquire about specific restrictions or their regulations). If you wish to upgrade the urn, please visit our website at www.cremationcenterofbirmingham.net to be directed to our online urn catalog – contact us for pricing on the urn(s) you or the family might be interested in purchasing.

Please note that we will not be offering delivery of cremated remains until further notice. Cremated remains can be picked up at our Woodstock Alabama location or mailed via USPS PRIORITY EXPRESS to the address you specify on the paperwork. The mailing fee of cremated remains is \$60.00 within Alabama, \$120.00 outside Alabama; Alaska and Hawaii will have higher mailing costs, call for pricing. Mailing costs are subject to change without notice.

Release of Body- Coroner, Hospice Nurse, Hospital Nurse, Doctor or Morgue Attendant, or Law Enforcement only must call our answering service at 205.970.6886 to release the body of the deceased to our facility before we can make the removal from the place of death.

If there are any other questions, please feel free to contact us direct during office hours Monday-Friday 8:00am to 5:00pm Lance Millette 205.914.8176 or Amy Millette 205.914.3147; After hours if the matter is urgent via our answering service 205.970.6886

PLEASE COMPLETE PAPERWORK AND RETURN WITHIN 24 HOURS VIA FAX 866.243.5835

OR VIA EMAIL TO CCOBDCA@GMAIL.COM

ALL ORIGINALS MUST BE RETURNED VIA MAIL TO

CREMATION CENTER OF BIRMINGHAM

1013 SHADY OAKS DR

WOODSTOCK AL 35188

THANK YOU

Cremation Center of Birmingham
1013 Shady Oaks Drive
Woodstock, AL 35188

PLEASE READ BEFORE COMPLETING PAPERWORK

Instruction Sheet for Paperwork

State of Alabama - Cremation Identification Form

**Please complete the portion marked IDENTIFICATION and INDIVIDUAL RELEASING
REMAINS TO CREMATORY**

Vital Information Sheet

Please complete this form to the best of your knowledge – the information obtained on this sheet is information that will be transferred to the death certificate – if any portion is unknown, mark unknown – please note that anything marked unknown will be marked as unknown on the death certificate.

Authorization for Cremation and Disposition

Please complete this sheet to the best of your knowledge, any portion that is unknown – mark unknown – Specify disposition of cremated remains – Pick up or Mail Out via USPS Priority Express

Next page is for implanted devices such as pacemakers, etc. and identification information

Signature Page

This page is to be signed by the most immediate next of kin, which gives us permission to proceed with the cremation process.



STATE OF ALABAMA
ALABAMA BOARD OF FUNERAL SERVICE
CREMATION IDENTIFICATION FORM

****THIS FORM SHALL ACCOMPANY THE REMAINS THROUGH ALL PHASES OF TRANSPORTING****

IDENTIFICATION:

NAME OF DECEASED: _____ SOCIAL SECURITY NUMBER: _____

PLACE OF DEATH: _____ DATE OF DEATH: _____ TIME OF DEATH: _____
(PHYSICAL ADDRESS OR INSTITUTION)

CITY: _____ COUNTY: _____ STATE: _____

DATE OF BIRTH: _____ AGE: _____

I _____ attest that I have _____ have not _____ refused to _____
(PRINTED NAME OF AUTHORIZING AGENT OR REPRESENTATIVE OF)

identified the deceased individual named above. (date signed _____)

SIGNATURE OF AUTHORIZING AGENT (or representative of): _____

FUNERAL ESTABLISHMENT ORIGINALLY RECEIVING REMAINS:

NAME: CREMATION CENTER OF BIRMINGHAM

ADDRESS: 1013 SHADY OAKS DRIVE CITY/STATE: WOODSTOCK AL 35188

ESTABLISHMENT PERFORMING CREMATION:

ESTABLISHMENT NAME: CREMATION CENTER OF BIRMINGHAM

ADDRESS: 1013 SHADY OAKS DRIVE CITY/STATE: WOODSTOCK, AL 35188

SIGNATURES: _____
(INDIVIDUAL RELEASING REMAINS TO CREMATORY) (CREMATORY REPRESENTATIVE RECEIVING REMAINS)

(PRINTED NAME OF INDIVIDUAL RELEASING REMAINS) (PRINTED NAME OF CREMATORY REPRESENTATIVE)

NOTIFICATION

M.E./CORONER: _____ DATE: _____ TIME: _____

CONSENT INFORMATION: _____

CERTIFICATION OF CREMATIONIST

I, _____, do hereby attest and certify that I personally performed the cremation of
(Print name of individual who performed cremation)

_____ at _____ on _____ beginning at
(Print name of deceased) (Print name of crematory) (Date)

_____ and concluding on _____ at _____. I further attest that the deceased was assigned
(Time) (Date) (Time)

identification number _____ prior to the cremation and that this number has accompanied the remains through the entire cremation process and has been placed with the cremated remains for return to the specified destination.

(Signature of Cremationist)

Vital Information Sheet

No death certificate or Social Security can be filed or claimed without ALL of the below information.

Please Print Using Capital Letters All Requested Information and return. Again ALL information is required to file a death certificate

Deceased Vital Information

Deceased Name: (FIRST - MIDDLE - LAST)				(MAIDEN NAME in parenthesis)		Date of Death (Month, Day, Year)	
County of Death			City of Death and Zip Code			Death In City limits Yes / No	
Name of Hospital, Nursing Home or if death at Residence, give Street Address as place of death					If death in hospital, specify Inpatient, ER or DOA		
Hispanic Origin (Yes / No) if yes, specify Country of Birth			Race (Black, White, American Indian (specify tribe), etc.)			Sex (Male / Female)	
Age	Under 1 year	Under 1 day	Date of Birth (Month, Day, Year)		Deceased Social Security Number		
Education 1-12	College & degree type	Veteran Yes or No	Deceased Marital Status 4 CHOICES ONLY (Married , Widowed , Never Married, Divorced)				
Surviving Spouse: (FIRST - MIDDLE - LAST)					Surviving Wife's MAIDEN Name		
Deceased Residence Information							
Deceased Street Address							
Deceased Residence City / State / Zip						Is Residence In the city limits Yes /No	
Deceased County of Residence				Deceased State of Birth (If not born in the USA, give name of Country)			
Deceased Occupation information							
Usual Occupation before retirement (Salesperson, Manager, etc.)				Kind of Business or Industry (retail, insurance, manufacturing, etc.)			
Deceased Parents Name							
Father's Name: (FIRST - MIDDLE - LAST)							
Mother's first and middle name: (FIRST - MIDDLE - LAST)						Mother's MAIDEN Name	

Person providing information about the Deceased

FIRST AND LAST Name of person providing information about Deceased		Relationship
Address (Street Number and Name)		
City / State / Zip		
County of your residence	Phone # (include area code)	Email address (for internal use only, will not be shared with anyone)

Below information is needed about Deceased if death was at a residence

Name of Hospice	Name of Personal Doctor, if not under Hospice	Name of Coroner or County of Coroner
City / State of Hospice, Doctor or Coroner	Phone # (include area code)	If Hospice, give Name of Hospice Nurse

INTERNAL USE
ONLY

DISP

BURIAL

CREMATION

DATE

CEM AND
CITY

Cremation Center of Birmingham
Authorization for Cremation and Disposition

Name of Deceased: _____

(Hereinafter referred to as the "Deceased")

Date of Birth _____ Age _____ Date of Death _____ Time of Death _____ AM/PM

Place of Death _____ City _____ State _____ Zip Code _____

Disposition of Cremated Remains:

_____ Burial

_____ Scattering

_____ Burial at Sea

_____ Return to Authorizing Agent or assigned person – complete "release to" section

_____ Mail to- complete "mail to" section

* _____ Signature of Authorizing Agent

I/We request and authorize Cremation Center of Birmingham (Hereinafter referred to as "Funeral Home") 1013 Shady Oaks Drive Woodstock, AL 35188 to take possession of and make arrangements for the cremation of the remains of the Deceased at Cremation Center of Birmingham (Hereinafter referred to as "Crematory") 1013 Shady Oaks Drive Woodstock, AL 35188, and I/We give the crematory the authority to cremate the remains of the deceased.

I/We hereby authorize the Crematory to 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 hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Release to: Name, address, and phone number of designated person(s) or authorized person(s) to receive cremated remains.

Mail to: * All cremated remains are mailed via USPS Priority Express mail *

Name, address, and phone number – Someone MUST be present to receive and sign for shipment

*****FUNERAL HOME AND CREMATORY ARE NOT RESPONSIBLE FOR ANY LOSS OR DAMAGE OF CREMATED REMAINS SHIPPED VIA THE USPS*****

The cremation, processing, and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the 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. The Crematory is authorized to remove and dispose of handles, ornaments, and any other noncombustible items attached to the 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 non-combustible materials, 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 may contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/We hereby authorize the Funeral Home, its agents, and employees to remove any such mechanical devices from the remains of the Deceased prior to the cremation and dispose of such items at its discretion.

I/WE CERTIFY THAT THE REMAINS OF THE DECEASED DOES ____ DOES NOT ____ (CHECK ONE)
CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE OR RADIOACTIVE SEEDS.

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 and dispose of as indicated:

Description of implanted device: _____

Description of implanted device: _____

Description of implanted device: _____

All items described above will be disposed of at the discretion of the Funeral Home

HEIGHT _____

APPROXIMATE WEIGHT (CIRCLE ONE) 0-100LBS 101-200LBS 201-300LBS 301-350LBS

LIST ANY IDENTIFYING MARKS, TATTOOS, SCARS, ETC _____

3. 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. 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.
4. 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 together with the primary urn or container.
5. 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 other cremated remains of the Deceased and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices 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.
6. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/us by certified mail at the address indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed for a period of 120 days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.
7. I/We agree to indemnify, release, and hold the Crematory, Funeral Home, their affiliates, agents, employees, 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/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of or make permanent arrangements for the disposition of such remains.

Signature of Authorizing Agent _____ Date _____

SIGNATURE PAGE

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 these documents.

NOTICE: This is a legal document. It contains important provisions concerning cremation.
Cremation is irreversible and final.
Read this document carefully before signing

Date: _____
Name of Next of Kin (please print): _____
Signature of Next of Kin: _____
Relationship to the Deceased: _____
Phone Number: _____
E-Mail Address: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Date: _____
Name of Next of Kin (please print): _____
Signature of Next of Kin: _____
Relationship to the Deceased: _____
Phone Number: _____
E-Mail Address: _____
Street Address: _____
City: _____ State: _____ Zip: _____

*****Information below is required for the next of kin to have their signature notarized if they are unable to sign this form in the presence of a funeral director. Please print this form and have a Notary witness your signature. These forms can be emailed or faxed back to us, however, the original forms must be MAILED to Cremation Center of Birmingham 1013 Shady Oaks Drive Woodstock AL 35188 (please keep a photo copy of all forms for your records)*****

State of _____ County of _____
Date: _____

_____ personally appeared before me ,
personally known to me or proved to me on the basis of satisfactory evidence, to be the person(s) whose names(s)
is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their
authorized capacity, and that by his/her/their signature(s) on the instrument the person(s) or entity upon behalf of
which the person(s) acted, executed the instrument.

Witness my hand and official seal - Signature of Notary

My commission expires _____ Stamp here -

DIRECTOR SIGNATURE _____
CREMATION CENTER OF BIRMINGHAM 1013 SHADY OAKS DRIVE WOODSTOCK AL 35188

*THIS PAGE CAN BE COPIED IF MORE SIGNATURES ARE REQUIRED

CCOB ANP2021