



McCOMB & WAGNER Cremation Preplan Form

Please check if this plan is for Immanent (Hospice) _____ or for Future _____

Required Information (For Death Certificate at the time of need)

The person who this cremation plan is for (Policy Insured):

Name (First, Middle, Last): _____

SSN: _____

Birthdate: _____ Age: _____ Gender (M/F): _____

Telephone: _____ Email: _____

Mailing Address: _____

City, State, Zip: _____

Parent's Names including Mother's Maiden: _____

Veteran Branch _____ Decedent Race _____

Place of Birth: _____ Marital Status: _____

Maiden Name of Spouse: _____

Usual Occupation most of working life: _____

The person who is planning a cremation for someone else (Policy Owner):

Name (First, Middle, Last): _____

SSN: _____

Relationship to Insured: _____

Email: _____

Telephone: _____

Mailing Address: _____

City, State, Zip: _____

Choose Cremation Options

Guaranteed Items that can be locked-in and you will never pay more:

\$695 Direct Cremation Package

- 24/7 Removal & Transport from an Institutional Facility within 75 driving miles from Crematory.
(Add \$100 for Removal from private Residence or Adult Family Home. Add \$ for loaded mileage beyond 75 miles)
- Refrigeration/Sheltering
- Includes Out-of-Office Arrangements Online, By email, or By-Phone (Add \$100 for In-Office Arrangements)
- Prepare, File and Retrieve Death Certificates at Health Dept. (Add \$20 for each Certified Death Certificate)
- Notify Social Security
- Coordinate with Coroner, Doctor, and Health Department to ensure timely certification and permit
- Cremation Process (Add \$295 for Extra Weight Charge for over 300lbs)
- Basic Fiberboard Cremation Tray
- Basic White Cardboard Urn Box which is given to family in nice reinforced Logo Receiving Bag.
- Secure Veteran's Burial Flag
- Recruit Military Honors
- No Sales Tax (Unless upgrading merchandise)

Add \$100 for Residential Removal

Add \$100 for In-Office Arrangement

Add \$300 for (Preparation of Unembalmed body for 1 hour ID Viewing, M-F)

Add \$300 for Valet Delivery (Hand Deliver Cremated Remains within 75miles)

Sub Total:_____

Common Non-Guaranteed Items that may go up in price at the time of need:

Add \$70 for King County Fee

Add \$10 for Pierce County Fee

Add \$_____ (\$20 per Certified Death Certificate)

Add \$150 for Mailing Cremated Remains via USPS

Add \$295 for Extra Weight Charge for over 300lbs

Add \$_____ (\$ xtra for Miscellaneous items like upgraded urn and jewelry)
family)

Required \$8 for State Cremation Fee

Sub Total:_____

Total Amount For Preplan:_____

Choose Payment single payment or monthly payment?

Single Payment Amount is Total Amount for Preplan: _____

Monthly Payment Amount (Total Amount Divided by 24months): _____

*The First Monthly Payment or any Single Payment must be by: Check or Credit Card.

*For monthly payments a coupon book will be mailed to you. You can update to automatic ACH and other forms of payment online.

Credit Card Info and Authorization

(If you don't feel comfortable providing credit card information, then simply complete the form without it and call in to pay by phone)

Card Number: _____

Expiration Date: _____

CVC: _____

Billing Address: _____

IMPORTANT: Disclaimer About Third Party

All prepaid funds are required by law to be placed into a third party trust or policy that is separate from our firm's account within 20 days of receipt. When you prepay McComb & Wagner, the price for guaranteed items is locked-in so that your family has no more out-of-pocket expense at the time of need but the price for non-guaranteed items may change. All prepaid funds are placed into an **irrevocable policy** with Global Atlantic Financial, also known as Forethought, and can only be retrieved after a death occurs at the time of need. If paying monthly, the coupon book and all payments will be managed by Global Atlantic. At the time of death, we simply claim the funds back to cover the prearranged guaranteed services.

If you are purchasing a cremation plan for someone else other than your spouse (such as your parents) you may make arrangements and pay, but keep in mind that in order to place funds into the Third Party Policy we will need either a Power of Attorney to finalize or an additional Insured Consent Form. Also, if you have power of attorney you can authorize that person's cremation. You may, of course, authorize your own cremation or your spouse's.

Has the person who the plan is for had any major health issues in the last 5 years? Yes/No: _____

Such as: AIDS/ARC, Cancer, Heart Disorder, Liver Disorder, Alzheimer's/Dementia, Circulatory Disorder, Insulin Dependent Diabetes, Blood Disorder, Congestive Heart Failure, Kidney Disorder, Stroke, Brain Disorder, COPD, Lung Disorder.

IMPORTANT- HOW TO SAVE THIS FORM! If you try to save this form in the normal way, then your information will likely be lost because you may only save original document and not the info in the form fields. In order to save this completed document and retain all the information submitted in the form fields please follow these steps: 1. Right Click on Document, 2. Choose **Print**, 3. Choose Save as PDF, 4. Type New Name for Document and decide which folder you want it to be saved.

After we receive the completed Cremation Preplan Form and Payment, we will send you the third-party Global Atlantic Paperwork for final signature.

Please Email form to: info@mccombwagner.com and we will follow-up promptly



info@mccombwagner.com - www.mccombwagner.com

PO Box 179 Shelton, WA 98584

360.426.4803 – FAX 360.426.1886

CREMATION AUTHORIZATION

Decedent's Name:

I, the undersigned, hereby request and authorize McComb & Wagner Funeral Home and Crematory, in accordance with and subject to its Rules and Regulations, to cremate the remains of the deceased person named above and to process the remains for final disposition. I hereby certify that I am the nearest degree of relationship to the deceased and that I have the legal right or am charged to authorize this cremation and the disposal of the cremated remains. I hereby swear and affirm under penalty of perjury that to the best of my (our) knowledge there is no other person having a prior right to give this authorization under RCW 68.50.160, 68.50.170, 68.50.180, and to control the remains of the above named decedent. I authorize McComb & Wagner to scatter my loved one's remains.

I authorize McComb & Wagner to release the Cremated Remains to: _____

I, the undersigned, understand that due to the nature of the cremation process, any valuable material, including dental gold, may either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I hereby authorize Crematory authority to dispose of, at their discretion, all body prosthesis, bridgework or similar items removed from the Cremated Remains. I further state that if the deceased has had a heart pacemaker, radiation producing device, or any other life sustaining device implanted which could be explosive, I have instructed the funeral director or others to remove it before cremation. I also agree that in the event of my failure to notify the funeral director or any others responsible for the removal of such a device, I will be liable for any damages to the Crematorium and/or injury to crematorium personnel. I do authorize the removal of the pacemaker or other implanted device.

I, the undersigned, understand that all cremations are performed individually. Cremation is performed by placing the body, which must be on a rigid-combustible cremation container or prepared hardwood casket, within the cremation chamber where the temperature is raised to approximately 1100 to 1800 degrees Fahrenheit, and the body will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. Upon completion of this cycle, all substances are consumed or driven off, except bone fragments, other materials, metals, etc., which are then swept from the chamber. All metal, prosthesis, joint replacements, surgical pins, dental metals, etc. will be recycled. Retrieval of dental metals must be done before the cremation by a dentist of the family's choosing and at their expense. Retrieval of dental metals is not possible after the cremation process. The cremated remains are then mechanically processed. Once processed, the cremated remains are then encased in the specified urn/container. The Crematory makes a prudent effort to remove and recover all of the cremated remains from the crematory chamber, processing equipment and other tools or containers.

I, the undersigned, further agree that I will indemnify and hold harmless McComb & Wagner Funeral Home and Crematory, their officers and employees from any liability, costs, expenses, or claims resulting from this authorization, cremation and/or disposition, including permanent disposition made of cremated remains which have been unclaimed for a period of (90) days or more. If disposition of the cremated remains is still undetermined or if they remain unclaimed beyond (90) days, I authorize the Funeral Home and/or the Crematory to dispose of them in any lawful manner they designate pursuant to WAC 308-48-760.

	1	2	3	4
Person Authorizing Cremation:				
Self/Spouse/Majority of NOK:				
City & State:				
Email:				
Telephone:				
Authorization:	X	X	X	X
Witness Name/ Date:				

OFFICE USE ONLY

Cremation Date:	DOB:	Personal Effects Disposition:
Cremation#:	DOD:	Urn Container:
Permit Date:	Age:	Keepsakes:
Place of Death:	Sex:	Cremation Container:
Pacemaker (YES/NO)- Removed by/Date:		Fingerprinting (YES/NO)- Completed by/Date:
Other Instructions:		
Sign to Receive Remains: X	Print Name:	Date: