



Zipperer's Funeral Home

Phone (813) 645-6130
Fax (813) 641-2519

1520 33rd St. SE.
Ruskin, Florida 33570

These prices are effective as of June 1, 2019, but are subject to change without notice.

DIRECT CREMATION, NO VISITATION, NO VIEWING \$ 1,075.00

Our charge includes: basic services of funeral director and staff, removal from residence or hospital (within 25 mile radius), alternative container (corrugated cardboard), medical examiner fee, refrigeration, cremation fee

Private Identification / View: of remains prior to cremation **\$ 250.00** (This includes use of viewing room (30 minutes), primary disinfection, setting features and/or linens for unembalmed I.D. Viewing). Limited to No More than 6 immediate family members ONLY. **Note** – If an autopsy has been performed, there will be an additional charge of **\$ 225.00** added for special care of remains.

DEATH CERTIFICATES

Certified copies of death certificates are **\$ 8.00**
This is a county fee, this fee does not effect the time of the cremation process.

URNS: \$ 75 & up

PACKAGE & SHIP CREMAINS BY U.S. Mail IN BASIC CONTAINER..... \$ 125.00

Payment is due at the time services are requested. We accept personal checks, MasterCard, Visa and Discover Card, cash.

Insurance Assignments: A **4 %** processing fee will charged to process insurance assignments with a minimum charge of \$ 80.00 for services under \$ 2,000.00

Zipperer's Funeral Home - Death Certificate Information Form

1. Decedent's Name (<i>First, Middle, Last, Suffix</i>)					2. Sex
3. Date of Birth		4. Age (<i>years</i>)	5. Date of Death		6. Social Security Number
7. Birth Place (<i>city and state or foreign country</i>)				8. County of Death	
9. Place of Death		10. Facility Name			
11. City, Town or Location of Death		12. 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			
13. Surviving Spouse (<i>If wife, give maiden name</i>)			14a. Street Address		14b. City, Town or Location
14c. Residence - State			14d. County		
14e. Apt.	14f. Zip Code	15a. Decedent's usual occupation (<i>Do not put retired</i>)		15b. Kind of business / Industry	
16. Decedent's Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native (<i>Specify Tribe</i>) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Asian (<i>Specify</i>) <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other (<i>Specify</i>) _____					
17. Decedent of Hispanic or Hatian Origin? <input type="checkbox"/> Yes (<i>If yes, Specify</i>) <input type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central / South American <input type="checkbox"/> Other Hispanic (<i>Specify</i>) _____ <input type="checkbox"/> Hatian					
18. Decedent's Education: <input type="checkbox"/> 8 th or less <input type="checkbox"/> High School but no diploma <input type="checkbox"/> High School diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College (<i>Specify</i>): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate					
19. Was decedent ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. Father's Name:		21. Mother's Name: (<i>Maiden</i>)	
Informant: (<i>Person giving this information</i>)				Relationship to Decedent	
Address: (<i>street, city, state, zip code</i>)					
Contact Number:		E-mail: _____			
Home _____		Work _____		Cell: _____	
Certified Copies Requested		With Cause	Without Cause		
Information Verified by: X _____					
Please review the information carefully, you will be responsible for any amendment fees due to any incorrect information given on this form.					

Authorization for Cremation

Pacemaker: Yes No

Permit No: _____

ID No: _____

Date: _____

The undersigned hereby requests and authorizes, in accordance with and subject to your rules and regulations as well as those of the State of Florida, to cremate the remains and _____ containing the remains of

(Type of container)

_____ who died at _____, on _____, _____, _____

(Name in Full)

(City and State)

(Day)

(Month)

(Year)

at _____ and certifies and represents that I/we have the right to make such authorization and am related to the deceased

(Hour)

as _____ . Cremation will take place on or before _____

(Relationship)

Signature of Person Authorizing the Cremation

I/We also request you to make the following disposition of the cremated remains: _____

REGISTERED U.S. MAILING INSTRUCTIONS _____

The undersigned hereby authorizes the crematory to deliver the cremains via REGISTERED U.S. MAIL and agrees to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless the crematory and funeral director or their employees from any and all claims related to said shipment. The undersigned also agrees to pay for such delivery in the amount of \$ _____.

I/We agree to hold you, your servants and employees blameless and harmless, from any and all liability whatsoever, also for any loss or damage to said cremated remains, occasioned by an act of God, common enemy, theft, strikes, riots, vandals, order of Military or Civil Authority, and for any other act beyond our control. If no final disposition instructions are given to the crematory or funeral home, **the cremated remains will be held for 120 days from date of death** and then disposed of in a dignified manner.

Heart pacemakers can be dangerous when placed in a cremation chamber and shall be removed prior to the cremation process. If the crematory does not receive proper notice, the family and/or undersigned shall be responsible for any damage resulting and the crematory will not be responsible or accept any liability under those circumstances.

I/We affirm that the above statement is true.

SIGNED

_____ Address _____

WITNESS

_____ Address _____

(Funeral Director's Signature)

Signed and sworn to before me this _____ day of _____, _____

(Notary Public Signature)

Date of disposition _____ By _____

Cremated remains received by _____, _____ on _____

(Relationship)

The named deceased was received by the _____ in _____

(Name of Crematory)

(Type of Container)

approved by the Rules and Regulations of the State Board of Funeral Directors and Embalmers for Florida governing Crematories and that the 48 hour period since death had elapsed before said deceased was cremated on _____

(Date)

Signed: _____

RULES APPLICABLE TO CREMATORIES:

It shall be unlawful for any person, firm or corporation to cremate any dead human body prior to the expiration of forty eight (48) hours after the death of such human body. (Sec. 872.02(1), F.S.)

A dead human body may be held any place or in transit over twenty-four (24) hours after death or pending final disposition only if the body is maintained under refrigeration at a temperature of 40°F or below; embalmed in a manner approved by the Board of Funeral Director and Embalmers in accordance with provisions of Chapter 497 F.S.; or otherwise preserved. (Division of Health Rules - Gen. Authority Sec. 381.03(1)(g)(II), F.S.)

Crematory or cinerator facilities are permitted only to require a container in the form of a cardboard container of suitable strength or a wooden box or casket chosen for cremation or calcination to take place. In such cases where the deceased died from a contagious disease, an air-tight container will be required to stop fluid leakage and offensive odors and to reduce the possible further spread of the contagion. (Ch. 21-J-9.03(g) - FD&E Rules)