

**ALABAMA DEPT OF INSURANCE**  
**Consumer Request for Assistance**  
**FORM CRA (06/2018)**

For complaints regarding Preneed Funeral/Cemetery Merchandise and Services  
Contracts, mail, fax or email this form to the address or number below:

**Alabama Department of Insurance**  
**Examination Division – Preneed Section**  
**P O Box 303351**  
**Montgomery, AL 36130-3351**  
**Fax: 334-240-3194**  
**Email: Preneed@insurance.alabama.gov**

**PLEASE TYPE OR PRINT IN BLACK INK**

**Please print this form, complete it, and mail, fax or email it to the address shown above.** Before you file a request for assistance with the Department of Insurance, you should first contact the funeral home, cemetery, or preneed sales agent in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form, attach copies of any important correspondence and/or documentation that relates to your request for assistance, and mail, fax or email it to the address or number shown above.

<b>Preneed Contract Purchaser's Name</b>	<b>Work Phone:</b> (    ) _____
<b>Address</b>	<b>Home Phone:</b> (    ) _____
<b>City, State, Zip Code</b>	<b>Date:</b> _____
<b>Email Address</b>	

I understand that a copy of this Request for Assistance may be provided to the Funeral Home, Cemetery, or Preneed Sales Agent.

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**PLEASE USE A SEPARATE FORM FOR EACH COMPANY.**

1. Complete name of Funeral Home or Cemetery Company you are experiencing problems with:

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2. Circle type of Contract:    Funeral    Cemetery

3. (a) Name of Funeral Beneficiary (if different from your name):

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