

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

---

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

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

2. Circle type of Contract:    Funeral    Cemetery

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

4. Contract Number(s): \_\_\_\_\_  
(Provide copies of all contracts)
  
5. Preneed Sales Agent (if applicable): \_\_\_\_\_  
  
Telephone Number: \_\_\_\_\_
  
6. Have you contacted the Funeral Home or Cemetery? (Circle One) YES NO  
If yes, state the date(s), and person(s) contacted:  
\_\_\_\_\_  
(Provide copies of all correspondence.)
  
7. Have you reported this to any other agency? (Circle One) YES NO  
(1) Name of agency:  
\_\_\_\_\_  
(2) File number, if known:  
\_\_\_\_\_
  
9. Have you previously written to the Alabama Department of Insurance about this matter? (Circle One) YES NO  
Name on file: \_\_\_\_\_ Date: \_\_\_\_\_
  
10. Have you retained an attorney? (Circle One) YES NO  
If YES, what is the name of the attorney? \_\_\_\_\_  
Is a lawsuit currently ongoing or pending? (Circle One) YES NO
  
11. Briefly, describe your problem (if needed, use additional paper):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_