

ALABAMA DEPARTMENT OF INSURANCE  
Preneed Consumer Request for Assistance  
FORM PCRA (01/2020)

**PLEASE TYPE OR PRINT IN BLACK INK**

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, complete this form. Please mail, fax, or email it to the address or number at the bottom of this form.

Complainant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best Method of Contact:     Mail     Phone     Email

**PLEASE COMPLETE THE FOLLOWING INFORMATION TO THE BEST OF YOUR KNOWLEDGE.**

1. Name of Preneed Contract Purchaser:

\_\_\_\_\_

2. Complete name of Funeral Home or Cemetery Company:

\_\_\_\_\_

3. Type of Contract (Check one):     Funeral     Cemetery

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

\_\_\_\_\_

5. Contract Number(s): \_\_\_\_\_

(Attach copies of all contracts, front and back, if available)

**Form continued on Page 2.**

6. Preneed Sales Agent (if applicable): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

7. Have you contacted the Funeral Home or Cemetery?(Check One)  YES  NO  
If yes, state the date(s) and person(s) contacted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Attach copies of any important correspondence and/or documentation that relates to your request for assistance. Examples: Payment receipts, cancelled checks, letters to/from the company, notes from phone conversations, etc.

9. Have you reported this to any other agency? (Check One)  YES  NO  
Name of Agency: \_\_\_\_\_  
Agency Contact: \_\_\_\_\_  
File Number (if known): \_\_\_\_\_

10. Has anyone previously contacted the Alabama Department of Insurance about this matter?  
(Check One)  YES  NO  UNSURE  
Name on file: \_\_\_\_\_  
Date: \_\_\_\_\_

11. Have you retained an attorney? (Check one)  YES  NO  
a. Name of the attorney/firm: \_\_\_\_\_  
Firm's Phone Number: \_\_\_\_\_  
b. Is a lawsuit currently ongoing or pending? (Check One)  YES  NO

**Form continued on Page 3.**

12. Briefly describe your complaint (Use additional sheets if needed):

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

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

Alabama Department of Insurance  
Examination Division – Preneed Section  
P O Box 303351  
Montgomery, AL 36130-3351

Fax: 334-206-6347

Email: [Preneed@insurance.alabama.gov](mailto:Preneed@insurance.alabama.gov)