



STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery to use any items, we will explain the reasons in writing below.

Name \_\_\_\_\_ Date of Pre-Arrangement \_\_\_\_\_

PROFESSIONAL SERVICES:

A. BASIC SERVICES OF FUNERAL DIRECTOR AND STAFF ..... \$ \_\_\_\_\_

B. EMBALMING..... \$ \_\_\_\_\_

If you selected a funeral that may require embalming, such as a funeral with a viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming we will explain why below.

C. Reason for Embalming: \_\_\_\_\_

OTHER PREPARATION OF THE DECEASED ..... \$ \_\_\_\_\_

Subtotal for Professional Services..... \$ \_\_\_\_\_

FACILITIES:

A. USE OF FACILITIES AND STAFF FOR VIEWING ..... \$ \_\_\_\_\_

B. USE OF FACILITIES AND STAFF FOR FUNERAL CEREMONY. \$ \_\_\_\_\_

C. USE OF FACILITIES AND STAFF FOR OFF-PREMISE CEREMONY.. \$ \_\_\_\_\_

D. USE OF FACILITIES AND STAFF FOR MEMORIAL SERVICE.. \$ \_\_\_\_\_

E. USE OF EQUIPMENT AND STAFF FOR GRAVESIDE SERVICE .. \$ \_\_\_\_\_

Subtotal for Facilities ..... \$ \_\_\_\_\_

TRANSPORTATION:

A. TRANSFER OF REMAINS TO FUNERAL HOME..... \$ \_\_\_\_\_

B. USE OF HEARSE..... \$ \_\_\_\_\_

C. USE OF FAMILY CAR ..... \$ \_\_\_\_\_

D. USE OF SERVICES VEHICLES..... \$ \_\_\_\_\_

E. ADDITIONAL MILEAGE ( \_\_\_\_\_ miles @ \$ \_\_\_\_\_ per mile)... \$ \_\_\_\_\_

Subtotal for Transportation..... \$ \_\_\_\_\_

DIRECT CREMATION ..... \$ \_\_\_\_\_

IMMEDIATE BURIAL ..... \$ \_\_\_\_\_

FORWARDING REMAINS TO ANOTHER FUNERAL HOME .. \$ \_\_\_\_\_

RECEIVING REMAINS FROM ANOTHER FUNERAL HOME.. \$ \_\_\_\_\_

TOTAL SERVICES SELECTED ..... \$ \_\_\_\_\_

MERCHANDISE:

CASKET AS SELECTED ..... \$ \_\_\_\_\_

OUTER BURIAL CONTAINER: ..... \$ \_\_\_\_\_

Required \_\_\_\_ Yes \_\_\_\_ No If required specify reason: \_\_\_\_\_

OTHER MERCHANDISE AS SELECTED:

Acknowledgement cards ..... \$ \_\_\_\_\_

Register book(s) ..... \$ \_\_\_\_\_

Memorial folders/Prayer cards ..... \$ \_\_\_\_\_

Clothing..... \$ \_\_\_\_\_

Underclothing ..... \$ \_\_\_\_\_

Cremation Urn..... \$ \_\_\_\_\_

Temporary Grave Marker ..... \$ \_\_\_\_\_

Crucifix (Inside/Outside) ..... \$ \_\_\_\_\_

Flowers..... \$ \_\_\_\_\_

Memorial DVD ..... \$ \_\_\_\_\_

TOTAL MERCHANDISE SELECTED ..... \$ \_\_\_\_\_

CASH ADVANCES:

CEMETERY FEES ..... \$ \_\_\_\_\_

NEWSPAPER NOTICES ..... \$ \_\_\_\_\_

PALL BEARERS..... \$ \_\_\_\_\_

OFFERING ..... \$ \_\_\_\_\_

DEATH CERTIFICATE(S) ( \_\_\_\_\_ @ \$ \_\_\_\_\_ ea.) ..... \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL CASH ADVANCES..... \$ \_\_\_\_\_

TOTAL OF ALL SELECTIONS ..... \$ \_\_\_\_\_

(Purchaser)

(Social Security #)

(Address)

Agrees to provide the services and merchandise described above in consideration of the payment of the above stated amount

Date \_\_\_\_\_ Time \_\_\_\_\_

Signature for the Funeral Home