

STATEMENT OF FUNERAL GOODS AND SERVICES

Purchaser: _____
 "Buyer" Name: _____
 Street Address _____ City, State, Zip _____
 Beneficiary: _____
 Name or "Same": _____
 Street Address _____ City, State, Zip _____

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

If you selected a funeral which requires embalming, such as a funeral with 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 direct cremation or immediate burial. If we charged you for embalming, we will explain why below:

No Goods or Services Selected

A. Charge For Services Selected

1. Professional Services:
 Services of Funeral Director and Staff: _____
 Embalming _____
 Other preparation of body: _____
 Total Professional Services: _____

2. Facilities and Equipment:
 Use of facilities for viewing/ visitation _____
 Use of facilities for funeral ceremony _____
 Other use of facilities _____
 Total Facilities and Equipment _____

3. Automotive Equipment
 Transfer of remains to funeral home:
 (_____ Mile Radius) _____
 Hearse _____
 Use of limousines _____
 Other _____
 Total Automotive Equipment _____

4. Other services/ facilities/ equipment:

 Total other services/ facilities/ equipment: _____

TOTAL OF SERVICES SELECTED: \$ _____

CASH ADVANCES: The following cash advances are included in the "Price Guarantee" shown in the Pre-Need Funeral Agreement & Disclosure Statement
 () Yes () NO
 Certified Copies of Death Certificates _____ @ \$ _____ each
 Other _____
 Clergy _____
 Other _____
 Other _____
 Paid Newspaper Notices _____
 Other _____
 Other _____
TOTAL CASH ADVANCES \$ _____

SUMMARY

Total Funeral Home Charges _____
 Total Cash Advances _____
GRAND TOTAL \$ _____

Less Credits and Prepayments:
 \$ _____
 \$ _____
 \$ _____
 Total Credits \$ _____
BALANCE DUE \$ _____

Billing information for Terms of Payment, if applicable

DISCLOSURES

Reason for Embalming _____

B. CHARGE FOR MERCHANDISE SELECTED

Casket or other receptacle _____
 Name or Number _____
 Material _____
 Color _____
 Outer Burial Container _____
 Name or Number _____
 Material _____
 Acknowledgement Cards _____
 Register Book _____
 Memory folders/ prayer cards _____
 Clothing _____
 Other _____
 Cremation Urn _____

TOTAL OF MERCHANDISE SELECTED \$ _____

If any law, cemetery requirements have required the purchase of any items listed, the law or requirement is explained below:

SPECIAL REQUESTS: _____

C. SPECIAL CHARGES

Forwarding Remains to _____
 Receiving Remains from _____
 Immediate Burial _____
 Direct cremation _____
 Other _____

TOTAL OF SPECIAL CHARGES \$ _____

ACKNOWLEDGEMENT AND AGREEMENT

I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received, on this date, the General Price List and have been offered for review, the Casket Price List and Outer Burial Container Price

Signature _____ Date _____
 Print Name _____

ACCEPTANCE: This funeral home establishment agrees to provide all services, merchandise, and cash advances indicated in this Statement

By: _____
 Funeral Home: _____

TOTAL LICENSED FUNERAL ESTABLISHMENT CHARGES \$ _____

 Licensed Funeral Director Number