

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Date: _____ Account Number: _____

Name of Deceased: _____ Name of Contact Person: _____

Home Address of Deceased: _____

CHARGES FOR SERVICES SELECTED

PROFESSIONAL SERVICES:
 Services of Funeral Director/Staff \$ _____
 Embalming \$ _____
 Dressing/Coiffing \$ _____
 Hair Dressing \$ _____
 Preparation of remains for identification \$ _____
 Securing Foreign Embassy Papers \$ _____
 Securing Death Certificate with Doctor \$ _____
 Other \$ _____
 Sub-Total \$ _____

FACILITIES AND EQUIPMENT:

Visitation at Funeral Home with Services \$ _____
 Extra Day of Visitation \$ _____
 Visitation at Funeral Home or other Facility \$ _____
 Funeral Service at Funeral Home or other Facility \$ _____
 Memorial Service at Funeral Home \$ _____
 Storage Facility/Refrigeration \$ _____
 Other \$ _____
 Sub-Total \$ _____

AUTOMOTIVE AND EQUIPMENT:

Transfer of Remains to Funeral Home \$ _____
 Transfer of Remains to Church/Cemetery \$ _____
 Use of Flower Vehicle to Cemetery \$ _____
 Limousine(s) \$ _____
 Other Automotive Equipment \$ _____
 Mileage _____ x \$ _____ /loaded mile(s) \$ _____
 Sub-Total \$ _____

CREMATORY/CASKET RENTAL:

Use of Crematory Area for Committal Services \$ _____
 Direct Cremation \$ _____
 Securing of Medical Examine Approved for Cremation \$ _____
 Other \$ _____
 Sub-Total \$ _____
TOTAL OF SERVICE SELECTED \$ _____

CHARGES FOR MERCHANDISE SELECTED

Casket or Other Receptacle \$ _____
 Outer Burial Container \$ _____
 Cremation Urn \$ _____
 Urn Engraving (2 lines - name and year) \$ _____
 Rosary or Crucifix \$ _____
 Acknowledgment Cards _____ at \$ _____ per box \$ _____
 Register Book \$ _____
 Prayer Cards _____ at \$ _____ per box \$ _____
 Clothing \$ _____
 Wigs \$ _____
 Underwear Kit \$ _____
 Airtray \$ _____
 Other \$ _____
 Other \$ _____
 Total Tax \$ _____
TOTAL OF MERCHANDISE SELECTED \$ _____

SPECIAL CHARGES

Forwarding of Remains To: _____ \$ _____
 Receiving of Remains From: _____ \$ _____
 Immediate Burial Services \$ _____
 Pyre for Hindu Funeral \$ _____
 Ritual Washing \$ _____
 Insurance Assignment Fee \$ _____
TOTAL OF SPECIAL OF CHARGES \$ _____

CASH ADVANCES

Transportation (Air, Rail, Other) \$ _____
 Clergy Honorarium \$ _____
 Organist Fee \$ _____
 *Paid Death Notices \$ _____
 Certified Death Certificate _____ at \$ _____ each \$ _____
 Cemetery Charges \$ _____
 Postage and Handling for shipping Cremains \$ _____
 Other \$ _____
TOTAL CASH ADVANCED \$ _____

SUMMARY OF CHARGES

Services	\$ _____
Crematory Charges	\$ _____
Merchandise	\$ _____
Special Charges	\$ _____
Cash Advance	\$ _____
Total of All Selections	\$ _____
Deposit	\$ _____
BALANCE DUE	\$ _____

Reason for Embalming _____

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

Other Receptacle _____

Type of Casket _____

Type of Vault _____

TERMS OF CONTRACT

The Chambers Funeral Home & Crematorium, P.A. agrees to provide the services and merchandise described in consideration of the payment of the stated amount.

Charges for items used. If we are required by law to use any items, we will explain in writing. If you select a funeral which requires embalming, such as a funeral with viewing, you will have to pay for embalming. You do not have to pay for embalming you did not approve of, if you selected arrangements as direct cremation or immediate burial. If we charged for embalming, an explanation appears elsewhere on this statement.

The undersigned jointly and severally agrees to pay Chambers Funeral Home & Crematorium, P.A. the balance due on this account, plus the reasonably agreed value of such additional services, materials and cash advances as may be furnished by Chambers Funeral Home & Crematorium, P.A. Such payment shall be made within thirty (30) days from date of the funeral service. A late penalty of 1 1/2% (One and One-Half Percent) per month (18% per year) will be assessed on the unpaid balance for materials and services. The undersigned jointly and severally further agrees to pay all costs of collection, including attorney's fees, in the event payment shall not be made at maturity or on default. The liability hereby assumed is in addition to the liability imposed by law upon the Estate and others shall not constitute a release thereof.

I/We hereby acknowledge that I/We have received a G.P.L. and have the legal right to arrange the final disposition for the deceased and authorize Chambers Funeral Home & Crematorium, P.A. to perform services and furnish goods and incur outside charges specified on this statement.

Purchaser (Seal) _____

Address _____

Purchaser (Seal) _____

Address _____

Funeral Home Representative _____

Date _____ Phone Number _____