

**STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED**

(SAMPLE FORM)

NAME OF FUNERAL HOME

Street Address

City, State, Zip Code

John Q. Public, Manager, NJ License No. XXXX

Phone 973-555-5555

At Need-Arrangement  Pre-Need Arrangement  Price Quotation Only (not an arrangement)

File # \_\_\_\_\_

**Information on Deceased**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**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 or crematory to use any items, we will explain the reasons in writing below.

**CATEGORY I-PROFESSIONAL SERVICES**

- 1. Basic Services of Funeral Director and Staff.....\$.....
- 2. Embalming (including use of preparation room and sanitary care).....\$.....

If you selected a funeral that may require 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 a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

- 3. Sanitary Care, Without Embalming.....\$.....
- 4. Other (Specify).....\$.....
  - a. \_\_\_\_\_ \$.....
  - b. \_\_\_\_\_ \$.....

**CATEGORY I TOTAL.....\$.....**

**CATEGORY II-OTHER STAFF AND RELATED FACILITIES**

- 1. Use of Facilities and Staff for Viewing.....\$.....
- 2. Use of Facilities and Staff for Funeral Ceremony.....\$.....
- 3. Use of Facilities and Staff for Memorial Service.....\$.....
- 4. Use of Equipment and Staff for Graveside Service.....\$.....
- 5. Use of Equipment and Staff for Funeral Service Off Premise.....\$.....
- 6. Other (Specify).....\$.....
  - a. \_\_\_\_\_ \$.....
  - b. \_\_\_\_\_ \$.....

**CATEGORY II TOTAL.....\$.....**

**CATEGORY III-TRANSPORTATION**

- 1. Transfer of Remains to Funeral Home.....\$.....
- 2. Use of Hearse.....\$.....
- 3. Use of Limousine(s).....\$.....
- 4. Use of Flower Car(s).....\$.....
- 5. Other (Specify).....\$.....
  - a. \_\_\_\_\_ \$.....
  - b. \_\_\_\_\_ \$.....

**CATEGORY III TOTAL.....\$.....**

**OPTIONAL PACKAGED SERVICES**

- 1. Direct Cremation.....\$.....
- 2. Immediate Burial.....\$.....
- 3. Forwarding or Receiving Remains.....\$.....

If an optional package service is selected, Categories I-III are not applicable.

**OPTIONAL PACKAGED SERVICES TOTAL.....\$.....**

**CATEGORY IV-MERCHANDISE**

- 1. Casket or Alternative Container:
  - Manufacturer.....
  - Model name/number.....
  - Type of material.....
  - Interior material.....\$.....
- 2. Vault/Outer Burial Container
  - Manufacturer.....
  - Model name/number.....
  - Type of Material.....\$.....
- 3. Clothing.....\$.....
- 4. Urn.....\$.....
- 5. Prayer Cards.....\$.....
- 6. Acknowledgment Cards.....\$.....
- 7. Register Book.....\$.....
- 8. Other (Specify-Items may be packaged for individual items less than \$100.00 each)
  - a. \_\_\_\_\_ \$.....
  - b. \_\_\_\_\_ \$.....
  - c. \_\_\_\_\_ \$.....

**CATEGORY IV TOTAL.....\$.....**

**CATEGORY V-CASH DISBURSEMENTS (Estimated)**

- 1. Cemetery or Crematory.....\$.....
- 2. Clergy and/or Church.....\$.....
- 3. Pallbearers.....\$.....
- 4. Organist and/or Soloist.....\$.....
- 5. Certified Copies of Death Certificate and Permit Fee.....\$.....
- 6. Newspaper Notices
  - a. \_\_\_\_\_ \$.....
  - b. \_\_\_\_\_ \$.....
  - c. \_\_\_\_\_ \$.....
- 7. Other (Specify)
  - a. \_\_\_\_\_ \$.....
  - b. \_\_\_\_\_ \$.....
  - c. \_\_\_\_\_ \$.....

**CATEGORY V TOTAL.....\$.....**

**TOTAL OF ESTIMATED CHARGES**

- (Category I-V & Packaged Services).....\$.....
- PACKAGE REDUCTION (if Applicable).....\$.....
- GRAND TOTAL OF ESTIMATED CHARGES.....\$.....**

IF ANY LAW, cemetery or crematory requirements have required the purchase of any items listed above, the law or requirement is described below:

- [ ] 1. Crematory requires container to surround remains; [ ] 2. Your cemetery requires an outer burial container, or [ ] 3. Other.....

**REASON FOR EMBALMING**

- [ ] Family Authorized Other.....

I have prepared the above Statement of Funeral Goods and Services Selected:

Print Name of Practitioner \_\_\_\_\_ License # \_\_\_\_\_

Signature of Practitioner \_\_\_\_\_ Date \_\_\_\_\_

I have read and received a copy of the Statement of Funeral Goods and Services Selected:

Signature of Consumer Making Arrangements \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Consumer Making Arrangements \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_