

# STITZEL FAMILY FUNERAL HOMES & CREMATORY, INC.

3300 Kutztown Road, Laureldale, Pennsylvania 19605 (610)-929-3693

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*Matthew J. Stitzel, Supervisor*

www.stitzelfamilyfuneralhomes.com

## **DISCLOSURE/DISCLAIMER FORM**

The Federal Trade Commission's Industry Practice RULE requires certain disclosures and prohibits misrepresentations. This Disclosure/Disclaimer Form is a checklist we ask those to read and sign if during the funeral arrangements our firm complied with the following:

Name of the Deceased \_\_\_\_\_

Date of Death or Prearrangement \_\_\_\_\_

Date of Funeral and/or Final Disposition \_\_\_\_\_

1. The undersigned received a General Price List effective on March 1, 2015 prior to discussing services or merchandise.
2. The undersigned reviewed a Casket Price List effective on March 1, 2015 prior to viewing or discussing prices of caskets.
3. The undersigned reviewed an Outer Burial Container List effective March 1, 2015 prior to viewing or discussing prices of Outer Burial Containers.
4. The undersigned were not told that any law requires embalming for direct cremations, immediate burial, or if refrigeration is available and the funeral is without viewing or visitation.
5. The undersigned were informed that the law does not require a casket for direct cremation.
6. The undersigned were informed that the law does not require the purchase of an outer burial container, but in some cases its use is the requirement of the cemetery.
7. The funeral home made no representation to the undersigned that embalming or the use of any merchandise available from Stitzel Family Funeral Homes & Crematory, Inc., would delay decomposition of the remains for a long time or indefinite time.
8. The undersigned were not told that embalming is required by law and were told that the law does not require embalming except in certain cases. If embalming was provided, it was done with the permission of the undersigned.

Permission to Embalm (Initials Only) \_\_\_\_\_

Permission *NOT* to Embalm (Initials Only) \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Funeral Home Signature \_\_\_\_\_

Date \_\_\_\_\_