



170 W Sequim Bay Rd
Sequim, Washington 98382
360-683-1649 or 800-501-4506
Fax: 866-458-4503

CONTRACT

**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.*

Deceased _____ Purchaser _____

Purchaser
Address _____ Telephone _____

Date of Death _____ Date of Arrangements _____

I authorize **Linde-Price Funeral Service**, to proceed with cremation arrangements and I agree to pay **Linde-Price Funeral Service**, \$ _____ prior to the cremation process.

*I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize **Linde-Price Funeral Service** to perform services, furnish goods, and incur outside charges specified on this statement. I acknowledge that I have received a **General and Merchandise Price List** prior to our discussion of prices and I have retained a price list for my records.

Initials: _____

Name (printed): _____

Signature: _____

*Disclosures: Reason for Embalming _____

- Refrigeration is required in lieu of embalming.
- Combustible cremation container required by the crematory. Type of container _____