



CREMATION SOCIETY
— of New England —

Simple Cremation Plan

The Cremation Society of New England provides simple, basic cremation services.

What is Included?

Our Simple Cremation Plan provide everything essential for a direct cremation:

- Basic service fees.
- Transportation from the place of death.
- Sheltering of the remains during the state mandated waiting period.
- Filing necessary paperwork and permits.
- Cremation process.
- Return of ashes to the family.

How does the process work?

The process is simple:

1. Notify the Cremation Society of New England at 877-801-8168 that a death has occurred.
2. Print and complete the forms that follow in this packet and return them to:

Cremation Society of New England
P.O. Box 236
Wallingford, CT 06492

Please note: CT state law requires hard copies with actual signatures. Fax and email copies are not valid. If you are unable to utilized this packet, we can send a courier to your home with completed forms to obtain your signatures for a fee (\$125). If refrigeration is required as a result of a delay in receiving these forms (after 72 hours), that cost is \$95/day.



CREMATION SOCIETY
of New England

This information is required for the death certificate. Please complete entire form

FULL LEGAL NAME :		
DECEASED'S PERMANENT ADDRESS PRIOR TO DEATH ((STREET, CITY/TOWN,, STATE, ZIP)):		
MARITAL STATUS:	NAME OF SPOUSE:	MAIDEN NAME OF SPOUSE:
DATE OF DEATH (MM/DD/YYYY):	CITY/TOWN OF DEATH:	
SEX:	AGE:	RACE-ETHNICITY:
BIRTHPLACE (Both City and State or Foreign Country):		
DATE OF BIRTH (MM/DD/YYYY):		
MOTHER'S NAME: (FIRST & MAIDEN)		
FATHER'S NAME:		
USUAL OCCUPATION WHEN WORKING	INDUSTRY:	
SOCIAL SECURITY NUMBER:	HIGHEST LEVEL OF EDUCATION:	
VETERAN:	SERVICE BRANCH:	
INFORMANT/LEGAL NEXT OF KIN NAME:	INFORMANT'S RELATIONSHIP TO DECEASED:	
INFORMANT'S COMPLETE ADDRESS:	INFORMANT'S PHONE:	
NAME OF RECEIVER OF ASHES:		
RECEIVER'S COMPLETE ADDRESS:	RECEIVER'S PHONE:	

CREMATION PERMIT

VS-48 Revised 3/01/15

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS SECTION**

IMPORTANT! READ INSTRUCTIONS ON BACK OF FORM. TYPE OR PRINT LEGIBLY.

Part I: Person to be Cremated	Name	Sex	Date of Birth
	Resident Address		
Part II: Funeral Director	Town Where Death Occurred	Date of Death	Time of Death <input type="checkbox"/> AM <input type="checkbox"/> PM
	Signature (Funeral Director)	Date Signed	Funeral Home-Name CREMATION SOCIETY OF NEW ENGLAND
	COMPLETE FOR PRE-AUTHORIZED CREMATION ONLY <input type="checkbox"/> Notified designated custodian #1 or #2 named in Part IV. <input type="checkbox"/> Unable to notify designated custodians named in Part IV. List name of other person notified in accordance with Probate law: _____		
Part III: Custodian of Body	Name of Custodian of Body (Please Print)	Custodian's Tel. # (Include Area Code)	Relationship to Decedent
	Signature of Custodian		Date Signed
	Resident Address of Custodian		
Part IV: Pre-Authorized Cremation	<input type="checkbox"/> I am of sound mind and capacity and authorize the cremation of my remains upon my death. <input type="checkbox"/> I have been designated as the conservator or agent of the person named in this cremation permit, with the authority to authorize in advance of such person's death, cremation of his or her body upon death, designate a custodian of the person's remains, and to authorized the intended disposition of the cremated remains. I am of sound mind and capacity and authorize the cremation of the conserved person or agent.		
	Signature _____		Date _____
	We attest that the individual named above is of sound mind and capacity at the time of this authorization.		
	Name of Witness #1	Name of Witness #2	
	Address of Witness #1	Address of Witness #2	
	Signature of Witness #1	Date	Signature of Witness #2
I authorize the following individual(s) as custodian of my/conserved person's/ principal's remains. If the named individual(s) cannot be contacted at the time of death, then other persons may be contacted in accordance with Probate Law.			
Name of Designated Custodian #1	Name of Designated Custodian #2		
Resident Address of Designated Custodian #1	Resident Address of Designated Custodian #2		
Relationship to Person to be Cremated	Custodian #1 Tel. No.	Relationship to Person to be Cremated	Custodian #2 Tel. No.
Part V: Intended Disposition of Cremated Remains	Intended Disposition of Cremated Remains: () Burial (Specify Location): _____ () Entombment (Specify Location): _____ () Return to Person responsible for accepting cremated remains: Name: _____ Address: _____ Tel. #: _____ () Other (Specify): _____		
	A Cremation Certificate having been executed, permission is hereby given to cremate the remains of the deceased named above.		
Part VI: Registrar of Vital Statistics	Signature (Registrar of Vital Statistics)	City/Town	Date Signed
	This is to certify that the remains of the deceased named above was cremated.		
Part VII: Certification by the Crematory	Date Cremated	Time of Cremation <input type="checkbox"/> AM <input type="checkbox"/> PM	
	Name of Crematory	Signature (Superintendent or person in charge of crematory)	Date Signed

CREMATION PERMIT MUST BE RETURNED TO THE REGISTRAR OF VITAL STATISTICS OF THE TOWN WHERE DEATH OCCURRED.

INSTRUCTIONS FOR COMPLETING CREMATION PERMIT

Definitions - For the purposes of cremating the cremation permit the following definitions shall apply:

“Conservator” means conservator of the person as authorized pursuant to subdivision (5) of subsection (a) of section 45a-656 to take reasonable care of the conserved person’s personal effects.

“Agent” means a person authorized under the provisions of Connecticut General Statutes section 1-43 to carry out matters related to the personal relationships and affairs of the person to be cremated.

Part I

Completed by the funeral director, or in the case of a pre-authorized cremation, the person to be cremated or such person’s conservator or agent.

Part II

Completed and signed by the Funeral Director. The item regarding notification is completed only for pre-authorized cremations.

Part III

Completed and signed by the custodian of the body. The custodian of the body may be a person designated prior to death, or if no person has been designated, a person in accord with § 45a-318. (See below)

Part IV – (Completed for Pre-Authorized cremations only)

Any person, 18 years of age or older, and of sound mind, may authorize in a written document, the cremation of such person’s remains. A cremation may also be pre-authorized by a conservator of the person, or agent as defined above. The person, conservator or agent may also designate an individual to have custody and control of the body, and to act as agent to carry out the cremation.

Part V

In the case of a pre-authorized cremation, the person to be cremated, or such person’s conservator or agent, may indicate the intended disposition of the cremated remains. If not already completed for a pre-authorized cremation, this section shall be completed by the custodian of the body.

Part VI

Completed and signed by the issuing Registrar of Vital Statistics.

Part VII

Completed and signed by the person in charge of the crematory.

Please Note: To pre-authorize a cremation, Parts I and IV must be completed. Part V may also be completed. Parts II, III, V, (if not already completed), VI, and VII will be completed at the time of death.

Connecticut General Statute Section 45a-318

Connecticut General Statute §45a-318 allows a person, conservator of the person appointed for such person, or an agent authorized to carry out matters related to the personal relationships or affairs of a person, to execute in advance of death, an authorization for the cremation of such person’s remains. If a pre-authorized cremation is executed, it must be attested in writing by two witnesses that the person pre-authorizing the cremation is of sound mind and capacity at the time the authorization is executed. Section 45a-318 also allows a person, conservator of the person, or agent to designate a custodian of such person’s remains, and to direct the disposition of the cremated remains. The funeral director must make reasonable efforts to contact the designated custodian within 48 hours after death. If there is no designated custodian, or if the designated custodian is unavailable to take charge of the remains of the decedent, other persons, in the priority listed, shall have custody and control of the decedent’s remains:

- (1) The deceased person's spouse, unless such spouse abandoned the deceased person prior to the deceased person's death or has been adjudged incapable by a court of competent jurisdiction;
- (2) The deceased person’s surviving adult children;
- (3) The deceased person’s surviving parents;
- (4) The deceased person’s surviving siblings;
- (5) Any adult person in the next degree of kinship in the order named by law to inherit the deceased person’s estate, provided such adult person shall be of the third degree of kinship or higher;
- (6) Such adult person as the Probate Court shall determine.



AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION

PO Box 236 • Wallingford, CT 06492 • P: (877) 801-8168 • www.newenglandcremation.com

I(We), the undersigned (the "Authorizing Agent(s)") hereby request and authorize Cremation Society of New England (hereinafter referred to as "Cremation Society") and the licensed crematory selected by the Cremation Society (hereinafter referred to as the "Crematory") to take possession of and make arrangements for the cremation of and the final disposition of the Decedent named below (the "Decedent") in accordance with and subject to the provisions set forth on the front and reverse sides of this document, and in accordance with and subject to their rules and regulations, and any applicable state or local laws or regulations.

Name of Deceased: _____ Sex _____ Age _____

Date of Death: _____ Time of Death: _____ Place of Death _____

Funeral Director in Charge: _____

Mechanical, radioactive devices or implants in the Decedent may create a hazardous condition when placed in the cremation chamber. All pacemakers and radioactive implants must be removed prior to delivery of the Decedent to the Crematory.

Mark Yes or No (must be completed to be valid)

Do the decedent's remains contain any such devices? YES NO - **If yes, please list devices which should be removed prior to cremation:**

I understand that if the Cremation Society has not been notified about such devices or implants, and not instructed to remove them, that I/We are responsible for any damages caused to the Crematory or crematory personnel by such implants or devices.

DNA SAMPLING

DNA Sampling: The cremation process destroys all DNA making it impossible to collect DNA from the cremated remains. To make DNA analysis and storage possible, it is necessary to take DNA samples from the Decedent's remains prior to cremation and have the DNA samples properly stored. If you wish to collect DNA from the Decedent's remains prior to cremation, the Cremation Society can refer you to an independent DNA analysis and storage company or you can retain your own DNA analysis and storage company. Please indicate whether you wish to authorize or decline DNA collection and storage by placing your initials next to one of the following two options:

Initial One (must be initialed to be valid)

_____ As Authorizing Agent, I authorize the collection of tissues from the Decedent's remains for the purpose of DNA analysis and/or storage in accordance with the contract for services that I will enter into with the DNA analysis and storage company. There is a fee for this service.

_____ As Authorizing Agent, I decline any DNA analysis or storage and direct that no samples be collected from the remains of the Decedent for those purposes.

CREMATION INFORMATION

Cremation will take place after civic and medical authorities have issued all required permits, all necessary authorizations have been obtained and no objectives have been raised.

The Crematory, or authorized agent(s), is authorized to perform the cremation upon receipt of human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. All cremations are performed individually. The Crematory will only place the human remains of one individual in the cremation chamber at a time.

Cremation is a technical process, using heat and flame, that reduces human remains to bone fragments. The reduction takes place through heat and

evaporation. Cremation shall include the processing, and may include the pulverization of bone fragment. Please refer to the detailed description of the cremation process on the attached form.

The Crematory requires either a casket or an alternative (cremation) container for the cremation. Please refer to the attached form for further details regarding the caskets/containers.

After the cremated remains have been processed, they will be placed in the designated urn or container. The Crematory will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment.

DECLARATION OF INTENT FOR THE DISPOSITION OF CREMATED REMAINS

I(We) hereby authorize the Cremation Society to arrange for the disposition of the cremated remains of the Decedent as stated below:

Select & Initial One (must be initialed to be valid)

_____ (Initial) **DELIVER** said cremated remains to: Name _____ Phone _____

Address: _____

_____ (Initial) **SHIPPING:** I appoint the Cremation Society as my agent to make shipment of said remains via the U.S. Postage Mail (registered mail, return receipt). I am aware that the Cremation Society's services have been fully completed when the cremated remains leave the Cremation Society and that the Cremation Society is only acting as my agent for my accommodation only in carrying out these instructions. I understand that the Cremation Society assumes no responsibility after delivery to the Post Office, common carrier or agent. (I understand there is an additional charge for this shipping service.)

Ship to: Name, Address, Phone _____

_____ (Initial) **CEMETERY DELIVERY** to: _____ Cemetery for the purpose of interment/entombment

(I understand there may be a separate charge for this service at the cemetery).

_____ (Initial) **SCATTERING:** I authorize the Cremation Society to scatter the cremated remains of the above-mentioned deceased at sea at the discretion and convenience of the Cremation Society or its designated agent or representative within a reasonable time. It is understood the scattering of cremated remains is the dispersment of the remains and once the cremated remains have been scattered, they are unrecoverable in whole or in part. It is understood and agreed that scattering will take place in accordance with the Cremation Society's policies and any applicable federal, state, county, city or other local laws, statutes or regulations. (I understand there is an additional charge for this shipping service.)

Type of casket or container selected: _____

Type of urn or container selected: _____

AUTHORITY OF AUTHORIZING AGENT(S)

I(We) hereby certify that the Decedent left the following **surviving** heir(s) at law:

Check All That Apply (must be completed to be valid)

- Spouse YES NO Name _____
- Children YES NO How many? _____ Name(s) _____
- Parents YES NO How many? _____ Name(s) _____
- Siblings YES NO How many? _____ Name(s) _____

Other: Names and Relationship: (Names): _____

Separate authorization(s), if necessary, shall be attached to, and considered part of this form.

Initial & Check All

DISCLOSURES, WARRANTIES AND PERMISSIONS

(all must be initialed/checked to be valid)

- _____ I(We) certify that the deceased person named above arranged for his/her own cremation on a pre-need basis YES NO
- _____ I(We) certify that the deceased person named above left a will with written instructions to be cremated YES NO
- _____ I(We) certify that the deceased person named above has not given other specific directions concerning the disposal of his/her remains.
- _____ I(We) understand that if I wish to remove and/or retain any items from the remains, I must do so directly or by authorized agent prior to the cremation process.
- _____ I(We) give full permission for the following:
 - a. The incidental or inadvertent commingling of the cremated remains.
 - b. The processing of the remains and resulting incidental commingling of the cremated remains.
 - c. The disposal by the Crematory of metal or other non-human material recovered to which may be affixed bone particles or other human residue.

INDEMNITY

I (We) declare under penalty of perjury that the foregoing certifications, representations and statements are true and correct, and that this statement is being made to induce the above named Cremation Society to cremate (or caused to be cremated) the remains of the Decedent named above. I agree to hold harmless, indemnify and defend the above named Crematory as well as their representatives, directors, officers, agents, employees and shareholders, from and against all claims, liabilities or damages whatsoever (including reasonable attorneys' fees) which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make proper arrangements for the final disposition of the cremated remains, the processing of the remains, shipping of remains, any explodable or harmful impact, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, express or implied, are made and damages shall be limited to the amount of the cremation fee paid.

SIGNATURE OF AUTHORIZING AGENT(S)

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

I (We) the undersigned, hereby certify that I am the closest living next of kin of the Decedent or that I otherwise serve(served) in the capacity of _____ (relationship) of the Decedent, that I have charge of the remains of the Decedent and as such possess full legal authority and power, according to the laws of the state to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling specified. I authorize the Cremation Society to fingerprint and photograph the remains pursuant to their Trustworthy Cremation Guarantee.

By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrants that the undersigned have read and understand the provisions contained on the front and back of this document.

Authorizing Agent(s) Signature(s) (Must include copies of photo IDs of all signatories)

- Executed at _____ this _____ day of _____, 20_____.
- Name: _____ Signature: _____
- Relationship to Decedent: _____ Phone Number: _____
- Name: _____ Signature: _____
- Relationship to Decedent: _____ Phone Number: _____
- Name: _____ Signature: _____
- Relationship to Decedent: _____ Phone Number: _____

Witness Signature (must be completed to be valid)

Signature of Witness for signature(s) of Authorizing Agent(s): _____

REPRESENTATIONS OF FUNERAL DIRECTOR

I warrant, to the best of my knowledge, that I have reviewed this form, that no member of our Cremation Society has any knowledge or information that would lead us to believe that any of the answers provided by the Authorizing Agent(s) are incorrect, that the human remains delivered to the Crematory and represented as the human remains that were identified to our Cremation Society as the Decedent, that our Cremation Society obtained all the necessary permits authorizing the cremation and those permits are attached and that the representations concerning a pacemaker and other materials or implants that may be potentially hazardous are true.

Signature of Funeral Director _____

ADDITIONAL TERMS AND CONDITIONS

THE CREMATION PROCESS

Cremation is performed to prepare the deceased for memorialization and it is carried out by placing the deceased in a casket or alternative container and then placing the casket or alternative container into a cremation chamber, or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and its contents is accomplished by raising the temperature substantially (extreme temperature) and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possession or valuable materials such as dental gold and silver, or jewelry (as well as any body prostheses or dental bridgework) that are left with the Decedent and not removed from the casket or container prior to cremation may be destroyed and become non-recoverable. If not destroyed, the Crematory, is authorized to dispose of such materials at its sole discretion. The Authorizing Agent understands the arrangements must be made with the Cremation Society to remove any such possessions or valuables prior to the time that the Decedent is transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. The Crematory makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every reasonable effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremation is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible materials such as orthopedic implants, dental prosthetics, surgical pins, screws, casket hardware, etc. will be separated and removed from the bone fragments by visible or magnetic selection. The crematory is authorized to recycle these metals through a non-profit crematory recycling program organized and operated exclusively to generate financial support for crematory/funeral home's charity of choice.

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically processed (pulverized), which includes crushing or grinding and incidental commingling of the remains with the residue from the processing of previously cremated remains, into granulated particles of unidentifiable dimensions, virtually unrecognizable as human remains, prior to placement into the designated container.

CASKETS/CONTAINERS

The above named Cremation Society does not offer metal caskets for cremation.

All caskets and alternative containers must meet the following standards:

1. Be composed of materials suitable for cremation;
2. Be able to be closed to provide a complete covering for the human remains;
3. Be sufficient for handling with ease;
4. Be resistant to leakage or spillage;
5. Be able to provide protection for the health and safety of crematory personnel.

The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event there is leakage or damage, the Crematory may contact the Authorizing Agent directly for instructions. The Crematory reserves the right to open the container to verify the identity of the deceased.

Many caskets that are comprised of combustible materials also contain some exterior parts, e.g., decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. The Crematory, at its sole discretion, reserves the right to remove these noncombustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

URNS/TEMPORARY CONTAINERS

In the event the urn or other container selected is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on this form. Crematory requires that all urns or containers provided be appropriate for shipping or permanent storage, and that in the case of an adult, it is recommended that the urn or container be a minimum of 200 cubic inches. Unless a suitable urn is provided for the cremated remains, the Crematory will place the cremated remains in a container furnished by the Crematory which is not designed for shipment.

FINAL DISPOSITION

Cremation is NOT the final disposition, nor is placing the cremated remains in storage at a Cremation Society final disposition. The cremation process simply reduces the decedent's body to cremated remains. These cremated remains usually weigh several pounds and are usually in excess of 150 cubic inches. Some provision must be made for the final disposition of these cremated remains. If the option selected for final disposition includes scattering, then the cremated remains will not be recoverable. If scattering is performed in a common area, then the cremated remains may be commingled with parties of other cremated remains that have been previously scattered.



273 South Elm Street
 Wallingford, CT 06492
 (203) 265-6441

No. _____

Deceased: _____
 Date of Death: _____
 Place of Death: _____
 Date of Statement: _____

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:
 Basic Services of Funeral Director and Staff \$ 830.00

2. Facilities, Equipment & Staff:

3. Transportation:
 Transfer of Remains to Funeral Home \$ 250.00

TOTAL OF SERVICES SELECTED \$ 1,080.00

B. CHARGE FOR MERCHANDISE SELECTED

Alternative Container \$ -

TOTAL OF MERCHANDISE SELECTED \$ -

C. SPECIAL CHARGES

TOTAL OF SPECIAL CHARGES SELECTED \$ -

TOTAL FUNERAL HOME CHARGES \$ 1,080.00
 (This total does not include cash advances)

CASH ADVANCES

Crematory Charges \$ 265.00
 Medical Examiner Fee \$ 150.00

TOTAL CASH ADVANCES \$ 415.00

SUMMARY

Total Funeral Home Charges \$ 1,080.00
 Total Cash Advances \$ 415.00
 Sales Tax \$ -

GRAND TOTAL \$ 1,495.00 x

CREDITS AND PAYMENTS

BALANCE DUE \$ 1,495.00 x

STATEMENT OF
 FUNERAL GOODS AND SERVICES
 SELECTED

Charges are for only those items that you selected or that are required. If we are required to by law or by a cemetery or crematory to use any items, we will explain reasons in writing below.

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 or if you selected arrangements such as direct cremation or immediate burial. If we charged for embalming, we will explain why below.

DISCLOSURES

Reason for embalming

N/A

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

Crematory requires a cremation container.

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and the Casket Price List and the Outer Burial Container Price List.

Terms of Payment Payment in full is required prior to the cremation.

Full payment is due no later than _____

If any payment is not made when due, an unanticipated LATE CHARGE of 1.5% per month (ANNUAL PERCENTAGE RATE 18%) on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

Billing To _____

Signed _____ Dated _____

Signed _____ Dated _____

ACCEPTANCE This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

By _____

SIGN HERE

This statement reflects the charges for a direct cremation. If there are additional merchandise or services, those items will be invoiced separately.