

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Cremation Service For: _____ Date of Birth _____ Acct.# _____
 Address: _____ Phone: _____
 Responsible Party: _____ Phone: _____
 Address: _____ Relationship: _____

Charges are only for the items 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. If you select 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 if you did not approve it or of you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain below.

COMPLETE PACKAGE.....\$ _____

A. PROFESSIONAL SERVICE SELECTED

Basic Services of Funeral Director and Staff.....\$ _____
 Embalming\$ _____
 Other Preparation of the Body.....\$ _____
\$ _____
TOTAL PROFESSIONAL SERVICE ..\$ _____

B. ADDITIONAL SERVICES AND FACILITIES

Visitation\$ _____
 Funeral Ceremony.....\$ _____
 Graveside Service Only.....\$ _____
 Cemetery Equipment.....\$ _____
\$ _____
\$ _____
TOTAL SERVICES AND FACILITIES \$ _____

C. AUTOMOTIVE EQUIPMENT

Transfer Remains to Funeral Home.....\$ _____
 Funeral Coach.....\$ _____
 Family Limousine.....\$ _____
 Pallbearer Limousine.....\$ _____
 Utility Van.....\$ _____
 Other Automotive Equipment
\$ _____
 Mileage Charges.....\$ _____
 _____ Miles @ \$ _____ per mile.... \$ _____
TOTAL AUTOMOTIVE EQUIPMENT.....\$ _____

D. MERCHANDISE:

Casket:\$ _____
\$ _____
 Outer Container / Urn.....\$ _____
\$ _____
 Stationery Package.....\$ _____
 Video\$ _____
 Flowers.....\$ _____
 Other\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
 Total Merchandise Selected\$ _____
 Sales Tax.....\$ _____
TOTAL MERCHANDISE + SALES TAX \$ _____

E. CASH ADVANCES

.....\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
TOTAL CASH ADVANCES.....\$ _____
TOTAL SERVICES, MERCHANDISE AND CASH ADVANCES\$ _____
 Credits.....\$ _____
\$ _____
\$ _____
\$ _____
BALANCE DUE\$ _____

The Cremation Association of Arkansas agrees to provide the service and merchandise described above in consideration of the payment of the above stated amount.
PAYMENT AGREEMENT: I/We, the undersigned, acknowledge that the foregoing statement has been read to me/us and I/we hereby acknowledge receipt of completed copy. I/We assume responsibility for payment along with such additional services and /or items ordered by me/us, and agree to terms of payment described above. The liability hereby assumed is in addition to the liability imposed by law upon the estate and others, and shall not constitute a release thereof.

TERMS OF PAYMENT: _____
 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:

DISCLAIMERS OF WARRANTIES: The Cremation Association of Arkansas makes no warranties or representations concerning the products sold herein. The only warranties, expressed or implied, granted in connection with the products sold with this funeral service, are the expressed written warranties, if any, extended by the manufacturers thereof. The Cremation Association of Arkansas hereby expressly disclaims all warranties, expressed or implied, relating to all such products, including, but not limited to, the implied warranties of merchantability and fitness for a particular purpose.

Purchaser _____ Soc. Sec. No. _____
 Address _____ Phone No. _____
 Employer _____ Phone No. _____
 Date _____ Signature of Funeral Director or Agent _____

