

*Please note: This form is for teaching purposes only. No such funeral home exists. Prices are hypothetical and are for educational purposes only.*

## CENTENNIAL FUNERAL HOME

401 Church Street • Minneapolis, Minnesota 55455

Phone: 612-624-6464 • Fax: 612-626-4163

www.centennialfuneralhome.com

### 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. 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.

Name of Deceased	
Date of Arrangements	Service number
Date of Death	Date of Service

#### A. PROFESSIONAL SERVICES

Basic services of funeral director and staff and overhead.....\$ \_\_\_\_\_  
Embalming.....\$ \_\_\_\_\_  
Other preparation of the body (dressing, cosmetics, casketing) .....\$ \_\_\_\_\_  
Reconstructive service .....\$ \_\_\_\_\_  
Special care of autopsied remains .....\$ \_\_\_\_\_  
Preparation for private family viewing.....\$ \_\_\_\_\_  
Washing and disinfecting remains when no embalming.....\$ \_\_\_\_\_

**TOTAL PROFESSIONAL SERVICES** .....\$ \_\_\_\_\_

#### B. FACILITIES AND EQUIPMENT

Use of facilities and staff for visitation at funeral home or another facility (per day).....\$ \_\_\_\_\_  
Use of facilities and staff for funeral ceremony at funeral home or another facility .....\$ \_\_\_\_\_  
Use of facilities and staff for memorial service at funeral home or another facility .....\$ \_\_\_\_\_  
Use of staff and equipment for graveside service .....\$ \_\_\_\_\_  
Use of reception room .....\$ \_\_\_\_\_

**TOTAL FACILITIES AND EQUIPMENT** .....\$ \_\_\_\_\_

#### C. AUTOMOTIVE EQUIPMENT

Initial transfer of remains to funeral home (within 30 miles) .....\$ \_\_\_\_\_  
Transfer of remains to or from airport, railhead, or crematory (within 30 miles).....\$ \_\_\_\_\_  
Transportation to cemetery, funeral coach .....\$ \_\_\_\_\_  
Funeral sedan (for clergy, casket bearers, or family) .....\$ \_\_\_\_\_  
Funeral limousine (for casket bearers, or family) .....\$ \_\_\_\_\_  
Flower and equipment vehicle .....\$ \_\_\_\_\_  
Mileage per loaded mile outside of 30 miles: \_\_\_\_\_ miles @ \_\_\_\_\_ per mile .....\$ \_\_\_\_\_

**TOTAL AUTOMOTIVE EQUIPMENT** .....\$ \_\_\_\_\_

#### D. MERCHANDISE

Casket, Cremation Casket or Alternative Container: .....	\$ .....
Rental casket: .....	\$ .....
Rental casket insert .....	\$ .....
Air tray or combination unit .....	\$ .....
Outer burial container: .....	\$ .....
Urn, Keepsake Urn or Cremation Jewelry: .....	\$ .....
Register book .....	\$ .....
Service folders .....	\$ .....
Acknowledgement cards .....	\$ .....
Stationery package .....	\$ .....
Flowers .....	\$ .....
Memorial DVD slide show .....	\$ .....
Audio/Video recording or Webcasting .....	\$ .....
Cross/Crucifix .....	\$ .....
Crematory fee, cremation process .....	\$ .....
Other merchandise: .....	\$ .....
Other merchandise: .....	\$ .....
Other merchandise: .....	\$ .....
<b>TOTAL MERCHANDISE .....</b>	<b>\$ .....</b>

#### E. PACKAGED AND ABBREVIATED SERVICES

Standard Burial Package .....	\$ .....
Premium Burial Package .....	\$ .....
Memorial Cremation Package .....	\$ .....
Traditional Cremation Package .....	\$ .....
Forwarding of remains to another funeral home .....	\$ .....
Receiving of remains from another funeral home .....	\$ .....
Direct cremation .....	\$ .....
Immediate burial .....	\$ .....
<b>TOTAL ABBREVIATED SERVICES .....</b>	<b>\$ .....</b>

#### F. CASH ADVANCES

*We charge you for our services in obtaining items marked with an "x".*

<input type="checkbox"/> Clergy honorarium .....	\$ .....
<input type="checkbox"/> Newspaper notices .....	\$ .....
<input type="checkbox"/> Cemetery opening and closing .....	\$ .....
<input type="checkbox"/> Flowers .....	\$ .....
<input type="checkbox"/> Organist .....	\$ .....
<input type="checkbox"/> Vocalist .....	\$ .....
<input type="checkbox"/> Outer Burial Container Installation .....	\$ .....
<input type="checkbox"/> Certified copies of death certificate: _____ @ _____ .....	\$ .....
<input type="checkbox"/> Monument setting fee .....	\$ .....
<input type="checkbox"/> Cemetery tent and chairs .....	\$ .....
<input type="checkbox"/> Airline shipping fee .....	\$ .....
<input type="checkbox"/> Cremation fee .....	\$ .....
<input type="checkbox"/> .....	\$ .....
<input type="checkbox"/> .....	\$ .....
<input type="checkbox"/> .....	\$ .....
<input type="checkbox"/> .....	\$ .....
<input type="checkbox"/> .....	\$ .....
<input type="checkbox"/> .....	\$ .....
<input type="checkbox"/> .....	\$ .....
<input type="checkbox"/> .....	\$ .....
<input type="checkbox"/> .....	\$ .....
<b>TOTAL CASH ADVANCES .....</b>	<b>\$ .....</b>

## SUMMARY OF CHARGES

A. PROFESSIONAL SERVICE CHARGES.....	\$ _____
B. FACILITIES, EQUIPMENT, AND STAFF CHARGE.....	\$ _____
C. AUTOMOTIVE EQUIPMENT CHARGES.....	\$ _____
D. MERCHANDISE CHARGES.....	\$ _____
E. PACKAGED/ABBREVIATED SERVICES CHARGES.....	\$ _____
F. CASH ADVANCE CHARGES.....	\$ _____
<b>TOTAL CHARGES.....</b>	<b>\$ _____</b>

## CREDITS

Pre-arranged funeral account, principal and interest.....	(\$ _____)
Paid at the time of arrangements.....	(\$ _____)
Other discount or credit: _____	(\$ _____)

**TOTAL CREDITS.....** (\$ \_\_\_\_\_)

**BALANCE DUE.....** \$ \_\_\_\_\_

**IF ANY LAW, CEMETERY, OR CREMATORY REQUIREMENTS HAVE REQUIRED THE PURCHASE OF ANY OF THE ITEMS PREVIOUSLY LISTED, THE LAW OR REQUIREMENT IS EXPLAINED HERE:**

## Payment Policy and Contract Disclosures

**THIRTY (30) DAY CASH PAYMENT** - We consider payments within thirty days of the purchase to be the same as cash. If the funeral is paid within the thirty day period, there will be no interest charged on the account.

**OVER THIRTY (30) DAYS** - Accounts with balances extended beyond thirty days of the date of purchase will be charged .5% per month or 6 % annual interest from the date of the contract.

I/We the undersigned, acknowledge that the foregoing statement has been read to me/us and I/we hereby acknowledge receipt of a completed copy. I/We assume responsibility for payment along with such additional services and/or items ordered by me/us which will appear separately on our billing statement, 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.

1. The undersigned received a General Price List effective on \_\_\_\_\_ prior to discussing prices, services, merchandise, or arrangements.
2. The undersigned were shown a Casket Price List effective on \_\_\_\_\_ and/or an Outer Burial Container Price List effective on \_\_\_\_\_ prior to viewing or discussing prices of caskets and/or outer burial containers.
3. The undersigned were informed that the law does not require embalming for direct cremation, immediate burial, or in circumstances where refrigeration is available.
4. The undersigned were informed that the law does not require a casket for direct cremation nor does it require the purchase of an outer burial container.
5. The funeral home made no representations to the undersigned that embalming or the use of any merchandise available from the funeral home would delay the decomposition of human remains for a long or indefinite time.
6. The undersigned understands that the funeral home has disclaimed all warranties with regard to caskets, outer burial containers, and other merchandise sold by the funeral home. The undersigned further understands that the only warranties, express or implied, granted in connection with the goods sold by the funeral home are the express written warranties, if any, which are extended by the manufacturers of the goods.

\_\_\_\_\_  
(Purchaser Name)

\_\_\_\_\_  
(Co-Purchaser Name)

\_\_\_\_\_  
(Purchaser Signature)

\_\_\_\_\_  
(Co-Purchaser Signature)

*The Centennial Funeral Home agrees to provide the services and merchandise described on this statement in consideration of the payment of that stated amount.*

\_\_\_\_\_  
(Funeral Director)

\_\_\_\_\_  
(License Number)

\_\_\_\_\_  
(Date)

**Angela Woosley and Michael Mathews, owners**