

Arranger: Chris Grant FD920

McDermott's
Funeral & Cremation Service

Contract #:

FUNERAL ARRANGEMENT AGREEMENT AND STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Decedent: _____
Date of Death: _____
Purchaser: _____

Relationship: _____
Contact Info: H (_____) _____ - _____
C (_____) _____ - _____

For Valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned funeral home (hereinafter referred to as "Seller") hereby agree(s) to sell and provide, and the undersigned person or persons (hereinafter, whether one or more, referred to as "Purchaser") hereby agree(s) to purchase, in accordance with the terms and conditions set forth in this agreement, the services and merchandise specifically enumerated in the Statement of Funeral Goods and Services Selected to be used for the funeral of the decedent named above.

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.

**Make checks payable to: McDermott's Funeral Service

I. Charges for Services Selected	
A. Basic Services of Funeral Director & Staff	
1. (Non-Declinable)	\$
"A" SUB-TOTAL:	\$
B. Use of Equipment, Facilities, & Staff:	
1. For Off-Site Funeral Service	\$
2. For Off-Site Memorial Service	\$
3. At Graveside	\$
4. For Memorial Service	\$
5. For Viewing or Visitation (Per Day)	\$
6. I.D. Viewing (10 People Max.)	\$
7. Translation/Consulate Paperwork	\$
8. Use of Refrigeration	\$
9. Witness Cremation (6 People Max.)	\$
10. Miscellaneous:	\$
"B" SUB-TOTAL:	\$
C. Preparation of the Remains	
1. Embalming	\$
2. Sanitation/Disinfection of Human Remains	\$
3. Cosmetizing, Dressing, & Hairstyling	\$
4. Special Care of Autopsied Remains	\$
"C" SUB-TOTAL:	\$
D. Insurance (Company: _____)	
1. Assign Charges to Insurance Yes	\$
Claim Number: _____	"D" SUB-TOTAL
	\$
E. Automotive Equipment	
1. Transfer of Remains to Funeral Home:	\$
2. Funeral Coach:	\$
3. Transportation To/From Airport:	\$
4. Transportation To/From Crematory:	\$
5. Additional Mileage (@)\$3 per Mile:	\$
"E" SUB-TOTAL:	\$
Section I. TOTAL:	\$
II. Merchandise Charges	
A. Merchandise Selected	
1. Casket:	\$
2. Urn:	\$
3. Other Urn:	\$
4. Combination Shipping Container	\$
5. Outer Shipping Container (Air Tray)	\$
6. Alternative Container:	\$
7. Body Pouch:	\$
8. Other Sundry:	\$
Section II. TOTAL:	\$

III. Special Charges	
1. Forwarding of Remains To:	\$
2. Receiving of Remains from:	\$
3. Traditional Funeral Package:	\$
4. Traditional Cremation Package:	\$
5. Memorial Cremation Package:	\$
6. Concierge Cremation Package:	\$
7. Direct Cremation Package:	\$
8. Immediate Burial:	\$
9. Priority Mailing of Death Certificates(\$15)	\$
Section III. TOTAL	\$

IV. Cash Advanced By Seller	
A. We charge you for our services in obtaining any item marked with an asterisk(*)	
1. Death Certificates* (\$33/\$20)	\$
2. Clergy Honorarium*:	\$
3. Common Carrier* (Estimate):	\$
4. State Funeral Board Fee (\$10):	\$
5. Other Cash Advance*:	\$
"A" SUB-TOTAL	\$
Section IV. TOTAL	\$

Contract Summary	
Section I Charges:	
Section II Charges:	
Section III Charges:	
Section IV Charges:	
Sales Tax on Section II Charges:	
Total of All Charges:	
Discount:	
SUBTOTAL:	
PAYMENT:	
BALANCE DUE:	
(Balance due Seller from Purchaser/FH/Insurance)	

X

(Signature of Purchaser/Other Source Agent GUARANTEEING Payment)

Credit for these assignments will be applied against the unpaid balance only after actual receipt of proceeds by Seller.