

NAME OF FUNERAL HOME
 John Smith, Manager, N.J. Lic. No. XXXX
 Street Address, City, State, Zip
 Phone: (XXX) XXX-XXXX

File # _____

At Need Arrangement Preneed Arrangement Price Quotation Only
 (not an arrangement)

INFORMATION ON DECEASED

Name: _____ Sex: _____
 Male Female

Date of Birth: _____ Date of Death: _____ Place of Death: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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.

I. PROFESSIONAL SERVICES

Basic Services of Funeral Director and Staff \$
 Special Services of Funeral Director and Staff (Specify)
 a. _____
 b. _____
 Embalming (including use of preparation room & sanitary care) ...
 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.
 Other Preparation of the Body
 Sanitary Care, Without Embalming
 Dressing, Casketing & Cosmetology
 Other (Specify)
 a. _____
 b. _____

Professional Services TOTAL: \$ _____

II. OTHER STAFF AND RELATED FACILITIES

Use of Facilities and Staff for:
 Visitation (Viewing) \$
 Funeral Ceremony
 Memorial Service
 Use of Equipment and Staff for:
 Graveside Service (Including accompaniment of remains to place of final disposition)
 Funeral Service Off Premises
 Sheltering of Remains
 Other (Specify) a. _____
 b. _____

Other Staff and Related Facilities TOTAL: \$ _____

III. TRANSPORTATION

Transfer of Remains to Funeral Home \$
 Use of:
 Hearse
 Limousine(s)
 Flower Car(s)
 Family Car(s)
 Other (Specify) a. _____

Transportation TOTAL: \$ _____

OPTIONAL PACKAGED SERVICES

1. Direct Cremation \$
 2. Immediate Burial
 3. Forwarding or Receiving Remains \$
 (If an optional packaged service is selected, categories I-III are not applicable.)

Optional Packaged Services TOTAL: \$ _____

IV. MERCHANDISE

Casket or Alternative Container:
 Manufacturer _____
 Model name/number _____
 Type of material _____
 Interior material _____ \$
 Vault/Outer Burial Container
 Manufacturer _____
 Model name/number _____
 Type of material _____
 Clothing
 Urn
 Prayer Cards
 Acknowledgement Cards
 Register Book
 Memorial Package
 Other Items of Merchandise (Specify)
 a. _____
 b. _____
 c. _____

Merchandise TOTAL: \$ _____

FUNERAL HOME CHARGES TOTAL (I-IV & Packaged Services) \$ _____

V. CASH DISBURSEMENTS (Estimated)

Cemetery or Crematory \$
 Clergy and/or Church \$
 Pallbearers # _____ @ \$ _____ \$
 Organist and/or Soloist \$
 Certified Copies of Death Certificate \$
 New Jersey State Permit and Filing Fees \$
 Newspaper Notices \$
 a. _____
 b. _____
 c. _____
 Gratuities (Specify) a. _____ b. _____
 c. _____ d. _____
 e. _____ f. _____
 Other (Specify)
 a. _____
 b. _____

Cash Disbursements TOTAL: \$ _____

TOTAL OF ESTIMATED CHARGES (I - V & Packaged Services) ... \$ _____

PACKAGE REDUCTION (If Applicable) \$ _____

GRAND TOTAL OF ESTIMATED CHARGES \$ _____

IF ANY LAW, cemetery or crematory requirements have required the purchase of any of the items listed above, the law or requirement is described below:

- 1. Crematory requires container to surround the remains;
- 2. Your cemetery requires an outer burial container; or
- 3. Other: _____

REASON FOR EMBALMING

Family Authorized Other _____

I have prepared the above Statement of Funeral Goods and Services Selected:

Print Name of Licensee: _____ N.J. Lic. No.: _____
 Signature of Licensee: _____ Date: _____
 X

I have read and received a copy of the Statement of Funeral Goods and Services Selected:

Print Name of Consumer Making Arrangements: _____
 Signature of Consumer Making Arrangements: _____ Date: _____
 X
 Relationship to Deceased: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____