

**NAME OF FUNERAL HOME**

John Smith, Manager, N.J. Lic. No. XXXX

Street Address, City, State, Zip

(XXX) XXX-XXXX

File # \_\_\_\_\_

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

This statement is subject to change by agreement of the parties.

**INFORMATION ON DECEDENT**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

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) \_\_\_\_\_ \$ .....

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..... \$ .....

**Professional Services TOTAL: .....** \$ .....

**II. OTHER STAFF AND RELATED FACILITIES**

Use of Facilities and Staff for:  
Visitation (viewing)..... \$ .....

Use of Equipment and Staff for:  
Graveside Service (Including accompaniment of remains to place of final disposition)..... \$ .....

Funeral Service Off Premises ..... \$ .....

**Other Staff and Related Facilities TOTAL: .....** \$ .....

**III. TRANSPORTATION**

Transfer of Remains to Funeral Home ..... \$ .....

**Transportation TOTAL: .....** \$ .....

**OPTIONAL PACKAGED SERVICES**

1. Direct Cremation..... \$ .....

(If you select an optional package, see General Price List for a list of included services.)

**Optional Packaged Services TOTAL: .....** \$ .....

**IV. MERCHANDISE**

Casket or Alternative Container:  
Manufacturer \_\_\_\_\_  
Model \_\_\_\_\_  
Type of material \_\_\_\_\_  
Interior material \_\_\_\_\_ \$ .....

Vault/Outer Burial Container:  
Manufacturer \_\_\_\_\_  
Model \_\_\_\_\_  
Type of material \_\_\_\_\_ \$ .....

Memorial Package..... \$ .....

**Merchandise TOTAL: .....** \$ .....

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

**V. CASH DISBURSEMENTS (Estimated)**

Disposition: State Permit and Filing Fees ..... \$ .....

**Cash Disbursements TOTAL: .....** \$ .....

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

**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 Practitioner: \_\_\_\_\_ N.J. Lic. No.: \_\_\_\_\_  
Signature of Practitioner: \_\_\_\_\_ 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: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_