

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: **X** _____ Date: _____

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: **X** _____ Date: _____

Relationship to Deceased: _____

Street Address: _____

City: _____ State: _____ Zip: _____