

Date of Death _____ Date of Birth _____ Case ID/Agreement # _____

Decedent Name _____ Interment # _____

Purchaser Name _____

Purchaser Address _____ Phone Number (_____) _____

Purchaser Email Address _____

STATEMENT OF GOODS AND SERVICES SELECTED / PURCHASE AGREEMENT

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 provide written explanations below. If you selected a funeral that may require embalming, such as a funeral with a 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: we do not offer embalming services.

SERVICES AND MERCHANDISE		SERVICES AND MERCHANDISE <i>continued</i>	
BASIC SERVICES OF FUNERAL DIRECTOR, STAFF & OVERHEAD		TRANSPORTATION	
Minimum Professional Fee	\$ _____	Transportation of Remains to Funeral Home	\$ _____
Forwarding or Receiving Remains	\$ _____	Transportation of Remains to and from a Mosque	\$ _____
CARE AND PREPARATION OF REMAINS		Transportation outside of Dade or Broward (____ hours + ____ miles)	
Ghusl (Ritual Washing of the Decedent)	\$ _____		\$ _____
Kafan (Ritual Shrouding of the Decedent)	\$ _____		
Refrigeration (____ Days)	\$ _____		
Storage (____ Days)	\$ _____		
Post Autopsy Preparation	\$ _____		
Special Circumstances Handling Fee	\$ _____		
Additional Accommodation - Funeral	\$ _____		
Additional Accommodation - Cemetery	\$ _____		
_____	\$ _____		
USE OF FACILITIES		CASH ADVANCE ITEMS	
Use of Facilities and Staff for Viewing	\$ _____	We charge you for our services in obtaining those items designated with an asterisk (*) below. Certain charges may be estimated, indicated by "est".	
Use of Facilities and Staff for Funeral Ceremony	\$ _____		
Use of Facilities and Staff for Memorial Service	\$ _____		
Use of Facilities and Staff for Graveside Service	\$ _____		
Accompany Remains to and from Mosque	\$ _____		
Cleaning Fee - Refundable	\$ _____		
Large Attendance Fee	\$ _____		
Late Fee (____ minutes)	\$ _____		
Special Hours Fee	\$ _____		
		TOTAL PURCHASE PRICE \$ _____	

Death Certificates

Mail To:

_____ With Cause _____

_____ Without Cause _____

Comments

Total Charges Due \$ _____
(from page 1)

Discount \$ _____

Less Amount Received \$ _____

Balance Due \$ _____

No extension of credit, subject to federal or state credit disclosures, installment sales, or other consumer credit statutes, is contemplated by the Agreement. You have no right to defer payment of any amount due under this Agreement.

RECEIPT OF PRICE LIST(s) ACKNOWLEDGEMENT

Purchaser to initial block to acknowledge receipt. By initialing this block, Purchaser acknowledges that before selecting the services and merchandise identified on Page 1, the Purchaser received a copy of the General Price List.

TERMS AND CONDITIONS

1. This Agreement is made and entered into by and between the parties and is effective as of the date indicated below.
2. Purchaser is advised to refer to Chapter 497, Florida Statutes for further information concerning this Agreement.
3. Purchaser acknowledges that this Agreement was complete as to all essential terms prior to signing by Purchaser and that a copy thereof was, or will be, delivered to Purchaser.
4. The only warranties, expressed or implied, granted in connection with the merchandise sold pursuant to this agreement are the express written warranties, if any, extended by the manufacturers thereof. No other warranties and no warranties of merchantability or fitness for a particular purpose are extended by the firm.

If you purchased this Agreement anywhere other than Firm's place of business the following applies: You, the Purchaser, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right.

Funeral Establishment Representative License #

Purchaser Signature

Funeral Establishment Representative Signature

Date

Date