

# Simplicity

Cremation Care of NEPA

4 Morris Place, Carbondale, PA 18407  
(570) 282-4872 Christopher J. Wade, Supervisor

## STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

### Information On Deceased

Name: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This Agreement furnished in compliance with Section 13:20A of the Rules and Regulations of the Pennsylvania State Board of Funeral Directors.

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 Director and Staff \$ Included

Embalming (Autopsy or Organ/Tissue/Bone Donation)

(Specify) \$ \_\_\_\_\_

Embalming (Non-Autopsy or Non-Donation) \$ \_\_\_\_\_

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 direct cremation or immediate burial. If we charge for embalming we will explain why below.

Other Preparation of the Body:

Washing and Disinfecting Un-embalmed Body \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Other(Specify) \$ \_\_\_\_\_

**SUBTOTAL: Professional Services** \$ \_\_\_\_\_

### II OTHER STAFF AND RELATED FACILITIES

Use of Facilities, Staff and Equipment for:

Private Family Viewing without Embalming (1 Hour) \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Other (Specify) On-Site Refrigeration (3 Days) \$ Included

On-Site Refrigeration Over 3 Days \$ \_\_\_\_\_

\$ \_\_\_\_\_

**SUBTOTAL: Other Staff and Related Facilities** \$ \_\_\_\_\_

### III TRANSPORTATION

Out of Service Area Transportation \$ \_\_\_\_\_

Transfer of the Body to Funeral Home \$ Included

Use of:

Service Vehicle to Deliver Cremated Remains \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Other(Specify) Transfer of the Body to Crematory \$ Included

**SUBTOTAL: Transportation** \$ \_\_\_\_\_

**SUBTOTAL FUNERAL CHARGES (I thru III)** \$ \_\_\_\_\_

OPTIONAL PACKAGED SERVICES (If an optional packaged service is selected, categories I - III are not applicable)

1. Direct cremation for deaths from a hospital or coroners facility \$ \_\_\_\_\_

2. Direct cremation for deaths from a residence, nursing home, hospice or another funeral home \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**SUBTOTAL: Optional Packaged Services** \$ \_\_\_\_\_

I agree that I have examined the items of goods and services selected above and found them to be correct and according to the arrangements I have requested. I acknowledge receipt of a copy of this Statement of Funeral Goods and Services selected. I represent that I have sufficient funds available for payment of the cash funds for the goods and services selected. I also agree to make payment in full at the time of signing this agreement. I agree to be jointly and severally liable with anyone else who signs below. Any additional services or merchandise ordered or requested after the date of this agreement will be considered part of this agreement and the cost thereof will be reflected on the final bill or statement.

I  (Purchaser) \_\_\_\_\_

(Date) \_\_\_\_\_

II  (Purchaser) \_\_\_\_\_

(Date) \_\_\_\_\_

### IV Merchandise

Casket or Alternate Container:

Manufacturer: \_\_\_\_\_

Model name: Cremation Casket

Kind of wood/metal: Cardboard

Interior None \$ Included

Urn:

Manufacturer: \_\_\_\_\_

Model name: \_\_\_\_\_

Material: \_\_\_\_\_

Urn Engraving: \_\_\_\_\_

Register Book \_\_\_\_\_

Acknowledgement Cards \_\_\_\_\_

Memorial Folders \_\_\_\_\_

Prayer Cards \_\_\_\_\_

Memorial Package: \_\_\_\_\_

Miscellaneous Items of Merchandise and Services

1. Keepsake Urn \$ \_\_\_\_\_

2. Keepsake Urn \$ \_\_\_\_\_

3. Keepsake Urn \$ \_\_\_\_\_

4. Cremation Jewelry \$ \_\_\_\_\_

5. Cremation Jewelry \$ \_\_\_\_\_

6. Cremation Jewelry \$ \_\_\_\_\_

7. \$ \_\_\_\_\_

8. \$ \_\_\_\_\_

9. \$ \_\_\_\_\_

10. \$ \_\_\_\_\_

**SUBTOTAL: Merchandise and Other Services** \$ \_\_\_\_\_

**TOTAL FUNERAL CHARGES (I thru IV)** \$ \_\_\_\_\_

### V CASH DISBURSEMENT

Death Certificates Qty: \_\_\_\_\_ at \$ \_\_\_\_\_ per copy \$ \_\_\_\_\_

Scranton Times-Tribune Obituary \$ \_\_\_\_\_

Other Obituary \$ \_\_\_\_\_

Cremation Permit \$ \_\_\_\_\_

Crematory Fee \$ Included

**SUBTOTAL: Cash Disbursements** \$ \_\_\_\_\_

Alterations: \$ \_\_\_\_\_

Credit/Payment: \$ \_\_\_\_\_

**TOTAL ESTIMATE (I-V & Packaged Service)** \$ \_\_\_\_\_

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:

### REASONS FOR EMBALMING:

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

Print Name of Practitioner and License # \_\_\_\_\_

Signature of Practitioner \_\_\_\_\_

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

Signature of Person making Arrangements \_\_\_\_\_

Date \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \_\_\_\_\_