



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 \$ _____

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

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)