

ORIGINAL - F.F.D. OF A
DUPLICATE - CLIENT
TRIPPLICATE - FUNERAL HOME

FUNERAL PURCHASE CONTRACT

(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.)

(A) OUR SERVICE:

BASIC SERVICES OF FUNERAL DIRECTOR & STAFF \$

EMBALMING \$

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.

REASON FOR EMBALMING: _____

OTHER PREPARATION OF THE BODY \$

USE OF FACILITIES, STAFF & EQUIPMENT:

Funeral Ceremony (Conducted at Funeral Home) \$

Visitation / Viewing (Conducted at Funeral Home) \$

Memorial Service (Conducted at Funeral Home) \$

USE OF STAFF AND EQUIPMENT:

Funeral Ceremony (Conducted at another facility) \$

Visitation / Viewing (Conducted at another facility) \$

Memorial Service (Conducted at another facility) \$

Graveside Service \$

TRANSFER OF REMAINS TO FUNERAL HOME \$

(_____ Miles Transported)

AUTOMOTIVE EQUIPMENT:

Casket Coach (Hearse) \$

Family Car \$

Flower Car \$

CASKET \$

OUTER BURIAL CONTAINER (As Selected) \$

MISCELLANEOUS MERCHANDISE:

Acknowledgment Cards \$

Visitors Register \$

Receptacle (other than casket) \$

Wearing Apparel \$

Monument Engraving \$

FORWARDING OF REMAINS TO ANOTHER FUNERAL HOME \$

RECEIVING OF REMAINS FROM ANOTHER FUNERAL HOME \$

☐ DIRECT CREMATION (As Selected) \$

☐ IMMEDIATE BURIAL (As Selected) \$

Total (A) \$ _____

CRMN

☐

S-8 IN

Urban-Winkler Funeral Home, Inc.

513 West Eighth Street
CONNERSVILLE, INDIANA 47331
(765) 825-1761

310 N. Main Street
LIBERTY, INDIANA 47353
(765) 458-0745



No. _____
Date _____

Full name of deceased _____
(Please PRINT Name)

Date of Death _____ Deceased is _____ of person arranging services.
(Give Relationship)

(B) CASH ADVANCE ITEMS:

Total (A) Forward \$ _____

We charge you for our services in obtaining:

Tax \$

Transportation \$

Flowers \$

Cemetery Lot \$

Cemetery Opening & Closing \$

ClergyE \$

Special Music \$

Obituary \$

Certified Copies \$

(C) OTHER ITEMS:

Total (B) \$ _____

Total (A) & (B)

LESS: Preneed Adjustment / Allowance ☐ INS ☐ TR _____ \$(_____)

Payment / Date (_____) \$(_____)

Other (Specify) _____ \$(_____)

BALANCE \$ _____

LEGAL, CEMETERY, CREMATORY OR OTHER REQUIREMENTS COMPELLING THE PURCHASE OF ANY ITEMS LISTED ABOVE:

The undersigned purchaser(s) hereby attest to the following: (1) I/We did () did not () authorize embalming of the above named deceased. (2) I/We were shown a Casket Price List and an Outer Burial Container Price List before the showing of caskets and outer burial containers. (3) I/We were given/offered for retention a General Price List upon the beginning of a discussion of funeral arrangements and/or selection of services and merchandise. (We do not warrant or claim that the vault you are purchasing is air and/or watertight. Please refer to the manufacturer's warranty for the merchandise you purchased.)

TERMS: Due 30 days. A service charge of _____ % per month (_____ % Annual Rate) on unpaid balance will be effective after 30 days. Purchaser(s) agrees to pay reasonable attorney's fees, court costs and other costs of collection if incurred in the collection of this debt.

☐ Please dispose of personal effects. ☐ Receipts of personal effects is hereby acknowledged. I, or we, having read the above, accept and approve same, and jointly and severally promise to make full payment therefor. Receipt of a copy of this contract is acknowledged.

MR. _____
MRS. _____
MISS _____

Signature of Purchaser(s) _____ Street Address _____

S.S No _____ City _____ State _____ Zip Code _____

Signature of Purchaser(s) _____ Street Address _____ City and State _____ Zip Code _____

Signature of Purchaser(s) _____ Street Address _____ City and State _____ Zip Code _____

We agree to render the service and furnish the merchandise indicated above.

Urban-Winkler Funeral Home, Inc.

By _____ # _____