



11848 Dublin Blvd., Dublin, CA 94568
(925) 875-1343 fax (925) 875-1354

Fd 1810

C. CASH ADVANCES

Certified Copies of Death Certificate

_____ @ \$ _____ each _____
Disposition Permit _____
State of CA Dept. of Cons. Affairs Fee _____
Clergy _____
Musician/s _____

TOTAL OF CASH ADVANCES \$ _____

DISCLOSURES

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 direct burial. If we charged for embalming, we will explain why below.

Reason for embalming: _____

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

The only warranty on the casket and/or burial container sold in connection with this service is the express written warranty granted by the manufacturer. THIS FUNERAL HOME MAKES NO WARRANTY, EXPRESS OR IMPLIED, INCLUDING AN IMPLIED WARRANTY OF MERCHANTABILITY AND AN IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE CASKET AND/OR OUTER BURIAL CONTAINER.

SUMMARY

Total of Funeral Home Charges (A&B) \$ _____
Sales tax, if applicable (B) \$ _____
Total Cash Advances (C) \$ _____
COMPLETE TOTAL \$ _____

PAYMENT RECEIVED FROM:

BALANCE DUE \$ _____

ACKNOWLEDGEMENT AND AGREEMENT

I (we) authorize this funeral home to perform services, furnish goods, and incur outside charges specified on the statement. I (we) acknowledge that I (we) received a General Price List and a Casket Price List.

Full payment is due no later than _____

I (we) have read (or have been read) the above, accept and approve same, and jointly and severally promise to make full payment. Receipt of a copy of this statement is acknowledged.

Signed _____

Co-Signed _____

ACCEPTANCE: This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this statement.

BY _____

For more information on Funeral, Cemetery, and Cremation matters, contact: Department of Consumer Affairs, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834 (916) 574-7870

Statement of Funeral Goods and Services Selected

DECEASED _____

Date of Death _____

Place of Death _____

Date of Statement _____

A. CHARGE FOR SERVICES SELECTED

1. Professional Services

Basic Services of Funeral Director & Staff _____

Forwarding Remains to: _____

Receiving Remains from: _____

Burial _____

Cremation _____

TOTAL OF SERVICES \$ _____

2. Facilities, Equipment & Staff:

Use of equipment & staff for Viewing/Visitation _____

Use of equipment & Staff for Funeral Ceremony _____

Use of equipment & Staff for Memorial Service _____

TOTAL FOR FACILITIES AND STAFF \$ _____

3. Transportation:

Transfer of Remains to Funeral Home _____

Hearse _____

Limousine _____

Flower Van _____

Other _____

Shipping of cremains _____

\$ _____

4. Other Services:

Initial Holding _____

Holding remains, per day @ _____

Embalming _____

Dressing, Casketing _____

Scattering of cremains _____

Other _____

TOTAL OF SERVICES SELECTED (A) ... \$ _____

B. MERCHANDISE

Casket/Alternative Container _____

Cremation Urn _____

Acknowledgement Cards _____

Register Book _____

Memory Folders/Prayer Cards _____

Flowers _____

TOTAL OF MERCHANDISE (B) \$ _____