

Simple Cremation – Indianapolis
 6904 South East Street, Suite E
 Indianapolis, IN 46227
 (317) 361-4516

Statement of
 Funeral Goods and Services Selected

Deceased _____
 Date of Death _____
 Date of Statement _____

CASH ADVANCES:
 Open & Close- _____
 Minister- _____
 Flowers- _____
 Death Certificates- _____
 Date Cut on Monument- _____
 Organist- _____
 Newspaper Obituary- _____

SERVICES, FACILITIES & TRANSPORTATION

Basic Services of Director & Staff- _____
 Embalming- _____
 Other Preparation- _____
 Transfer of Remains- _____
 Chapel & Staff for Funeral- _____
 Chapel & Staff for Visitation- _____
 Hearse- _____
 Flower/Service Vehicle- _____
 Total Service Charge: \$ _____

TOTAL CASH ADVANCES \$ _____

SUMMARY

Total Funeral Home Charges- \$ _____
 Total Cash Advances- \$ _____
 Sales Tax- \$ _____

GRAND TOTAL \$ _____

Less Payments/Credits \$ _____

MERCHANDISE

Casket- _____
 Vault- _____
 Register Book Package- _____

 Total Merchandise: \$ _____

BALANCE DUE- \$ _____

Billing To- _____

SPECIAL SERVICES

_____ _____
 _____ _____
 Total of Special Charges \$ _____
 Total Funeral Home Charges \$ _____

DISCLOSURES

Reason for embalming- Funeral home requirement at family's request for an open casket visitation.
 The Cemetery requires the use of an outer burial container.
 The only warranty on the casket and/or outer burial container sold in connection with this service is the express warranty, if any, granted by the manufacturer. The 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/outer burial container

ACKNOWLEDGEMENT AND AGREEMENT

I herby acknowledge that I have the legal right to arrange the final services for the deceased, I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this statement, I acknowledge that I have received the general price list and have been allowed to view the casket price list and outer burial container price list. If any payment is not paid when due, an unanticipated late charge of 1.5% per month, annual percentage rate of 18% on the unpaid balance will be due. I agree to pay the balance due listed on this statement, plus any late charge, reasonable attorney or collection fee applicable. I understand and agree that I am assuming personal liability for the charges set forth in this statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By signature below, I herby agree to all of the above and acknowledge receipt of a copy of this statement. Terms of payment are within 30 days of burial.

Signed _____ Date _____ Signed _____ Date _____

Acceptance: This funeral establishment agrees to provide all services merchandise and cash advances indicated on this statement. By _____