

**Frantz Daniel Jean
Funeral Services, Inc.
5020 Foster Avenue
Brooklyn, New York 11203
(718) 613-0228**

		Number
		Date
Name of Deceased		
Date of Death	Place of Death	

**ITEMIZATION OF FUNERAL SERVICES AND
MERCHANDISE SELECTED**

The following are the charges for the services, merchandise, and livery you have selected. You will not be charged for any item you do not choose unless it is necessary because of other selections you have made. Any such charges are explained below.

I. FUNERAL HOME CHARGES

(Indicate N/A for items of service and/or merchandise that are not provided.)

A. Alternative Services

1. Direct Cremation \$
2. Direct Burial..... \$

B. Transfer of remains to the funeral establishment including personnel, equipment and vehicle \$

C. Preparation of Remains

1. Embalming (including use of preparation room) \$

If you select a funeral for which this firm requires embalming such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you do not approve if you select arrangements such as direct cremation or direct burial. If we charge for embalming, we will explain why below.

2. Other Preparation (including use of preparation room but excluding embalming)
 - a. Topical Disinfection \$
 - b. Custodial Care..... \$
 - c. Dressing/Casketing..... \$
 - d. Cosmetology..... \$
 - e. Restoration \$
 - f. Other (specify) \$

D. Arrangements

Basic arrangements: including funeral director, other staff, equipment and facilities to respond to initial request for service, the arrangement conference, securing of necessary authorizations and coordination of service plans with parties involved in the final disposition of the deceased. \$

E. Supervision (funeral director and staff)

1. Supervision for visitation \$
2. Supervision for funeral service..... \$
3. Other supervision (specify) \$

F. Use of the facilities

1. Use of the facilities for visitation..... \$
2. Use of facilities for funeral service \$
3. Other use of facilities (specify) \$

G. Livery

1. a. Hearse or..... \$
b. Alternative vehicle \$
(Specify type:)
2. Flower vehicle \$
3. Limousine(s)..... \$
(Specify number: @ \$/limousine)
4. Passenger car(s) \$
(Specify number: @ \$/car)

H. Merchandise

1. Casket or alternative container..... \$
a. Supplier
b. Model name or number
c. Material: Species of wood
or kind of metal weight or gauge
or alternative container (describe)
d. Interior
2. Outer Interment Receptacle..... \$
a. Supplier
b. Model name or number
c. Material

**I. Additional Services and Merchandise Selected
(Describe and show price)**

1. Memorial Cards \$
2. Acknowledgement Cards..... \$
3. Casket Plate \$
4. Crucifix/Cross \$
5. Hairdressing \$
6. Flowers \$
7. Clothing or Burial Garments \$
8. Register Book..... \$
9. Death Notices..... \$
10. \$
11. \$
12. \$

J. Limited Services

1. Forwarding remains to \$
2. Receiving remains from \$

TOTAL OF FUNERAL HOME CHARGES \$

II. CASH ADVANCES

These are estimated charges for items to be paid to others. We will charge you no more for these items than is actually paid the third parties. (Describe and show estimated charges.)

1. Cemetery or Crematory	\$
2. Clergy Honoraria	\$
3. Death Certificate Transcripts	\$
4. Livery	\$
5. Pallbearers	\$
6. Public Transportation	\$
7. Gratuities	\$
8. Bridge & Road Tolls	\$
9. Telephone & Telegraph Charges	\$
10.	\$
11.	\$
ESTIMATED TOTAL OF CASH ADVANCES	\$

III. SUMMARY OF CHARGES

1. Funeral Home Charges	\$
2. Cash Advances	\$
TOTAL FUNERAL CHARGES	\$

IV. EXPLANATION OF CHARGES

Explain charges for embalming and for any items that are not required by law but may be necessary because of cemetery requirements, crematory requirements or other selections made.

Combined charge for Facilities and Staff for visitation is	\$
Combined charge for Facilities and Staff for funeral service is	\$
Combined charge for other Facilities and Staff (specify)	\$

_____	_____
_____	_____
_____	_____

Signature of Licensed Funeral Director _____ Date _____

Printed or Typed Name of Funeral Director _____

ACKNOWLEDGEMENT OF RECEIPT

I have received this itemization of funeral services and merchandise selected.

Signature _____ Date _____

PUBLIC NOTICE

The New York State Department of Health is responsible for licensing and regulating New York State funeral directing under the Public Health Law.

You may contact the Department at:

Bureau of Funeral Directing, New York State Department of Health
875 Central Avenue, Albany, New York 12206

EXCLUSION OF WARRANTY. The only warranties, express or implied, granted in connection with the goods sold with this funeral service are the express written warranties, if any, extended by the manufacturers thereof. No other warranties and **no warranties of merchantability or fitness for a particular purpose** are extended by the funeral director.

STATEMENT OF GOODS AND SERVICES SELECTED

INVOICE TO _____

The undersigned hereby authorizes the above funeral establishment or its representatives to obtain custody of the remains of _____

Initial and state your relation to deceased ☐ _____

The undersigned hereby authorizes the above funeral establishment or its representatives ☒ to embalm ☐ not to embalm the remains of _____

Initial and state your relation to deceased ☐ _____

Other Authorization by _____

"Charges are only for those items that are used. If we are required by law to use any items, we will explain the reasons in writing below."

TOTAL FUNERAL CHARGES \$

Date

The foregoing statement has been read by (to) me and I hereby acknowledge receipt of a copy of same and agree to pay the above funeral account and for such additional services and materials as are ordered by me, on or before In the event that this account is not paid in accordance with the terms of this agreement, the undersigned hereby agrees to pay any and all costs and attorney's fees incurred in connection with the collection of this account.

Prior to the discussion of these funeral arrangements, I was presented with a copy of this funeral firm's "General Price List" for which I hereby acknowledge receipt, and have had an opportunity to review the firm's Casket Price List and Outer Interment Receptacle Price List.

TERMS: This account becomes due _____, If bill remains unpaid beyond _____ a late charge of _____ % per month (annual rate _____ %) may be added to the unpaid portion of the balance due.

The liability hereby assumed is in addition to the liability imposed by law upon the estate and others, and shall not constitute a release thereof.

Signature

Relation to Deceased

Signature

Relation to Deceased

By Print Name of Licensed Funeral Director

ADDITIONS OR ALTERATIONS OF SERVICES AND MERCHANDISE SELECTED. The following changes represent items of service and/or merchandise ordered or altered subsequent to the original funeral agreement.

AUTHORIZATION INITIAL

<input type="checkbox"/> \$
<input type="checkbox"/> \$

Total Adjustments to Funeral Charges \$

ADJUSTED TOTAL \$

Credit \$

BALANCE DUE \$