

# Haughey Funeral Home, Inc.

216 E. First Street  
Corning, NY 14830  
(607) 936-9322

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..... | \$ | N/A |
| 2. Direct Burial.....    | \$ | N/A |

#### B. Transfer of remains to the funeral establishment

including personnel, equipment and vehicle. \$ 470.00

#### C. Preparation of Remains

- |   |    |        |
|---|----|--------|
| 1. Embalming (including use of preparation room)..... | \$ | 790.00 |
|---|----|--------|

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 ..... | \$ | N/A    |
| b. Custodial Care .....       | \$ | N/A    |
| c. Dressing / Casketing ..... | \$ | 295.00 |
| d. Cosmetology .....          | \$ | 125.00 |
| e. Restoration.....           | \$ | N/A    |
| f. Hairdressing.....          | \$ | N/A    |
| g. Other (specify).....       | \$ | N/A    |
| h. ....                       | \$ | N/A    |

#### D. Arrangements

Basic arrangements: including funeral director, other staff, equipment and facilities to respond to initial request for service, the arrangements conference, securing of necessary authorizations and coordination of service plans with parties involved in the final disposition of the deceased. \$ 2,515.00

#### E. Supervision (Funeral Director and Staff)

- |   |    |        |
|---|----|--------|
| 1. Supervision for Visitation.....          | \$ | 400.00 |
| 2. Supervision for Funeral Services.....    | \$ | 395.00 |
| 3. Supervision for Memorial Services.....   | \$ | N/A    |
| 4. Supervision for Graveside Services ..... | \$ | N/A    |
| 5. Other Supervision .....                  | \$ | N/A    |

#### F. Use of the facilities

- |  |    |     |
|--|----|-----|
| 1. Use of the facilities for visitation.....   | \$ | N/A |
| 2. Use of the facilities for the funeral.....  | \$ | N/A |
| 3. Other use of the facilities (specify) ..... | \$ | N/A |
| .....  | \$ | N/A |

#### G. Livery

- |                                       |    |        |
|---------------------------------------|----|--------|
| 1. a. Hearse or.....                  | \$ | 395.00 |
| b. Alternative vehicle.....           | \$ | N/A    |
| (Specify Type:)                       |    |        |
| 2. Flower vehicle.....                | \$ | N/A    |
| 3. Limousine(s) .....                 | \$ | N/A    |
| Specify number: 0 @ \$ 0.00/Limousine |    |        |
| 4. Pallbearer car .....               | \$ | N/A    |
| 5. Passenger car(s).....              | \$ | N/A    |
| Specify number: 0 @ \$ N/A/Car        |    |        |
| 6. Lead / Clergy car(s) .....         | \$ | 125.00 |
| Specify number: 1 @ \$ 125.00/Car     |    |        |

#### H. Merchandise

- |  |    |          |
|--|----|----------|
| 1. Casket.....                                 | \$ | 2,575.00 |
| a. Supplier: Matthews Aurora Funeral Solutions |    |          |
| b. Model name or number: Ashford               |    |          |
| c. Material: Species of wood: Poplar Veneer    |    |          |
| or Kind of Metal: _____ weight or gauge: _____ |    |          |
| d. Interior Crepe                              |    |          |
| or alternative container.....                  | \$ | N/A      |
| (describe) _____                               |    |          |

- |                                     |    |          |
|-------------------------------------|----|----------|
| 2. Outer Interment Receptacle ..... | \$ | 2,075.00 |
|-------------------------------------|----|----------|

- |                         |                            |
|-------------------------|----------------------------|
| a. Supplier             | Zeiser Wilbert Vault, Inc. |
| b. Model name or number | Monticello                 |
| c. Material             | Concete/Strentex           |

- |        |    |     |
|--------|----|-----|
| 3. Urn | \$ | N/A |
|--------|----|-----|

- |                |  |
|----------------|--|
| a. Description |  |
|----------------|--|

#### I. Additional Service and Merchandise Selected (Describe and show price)

- |                                     |    |        |
|-------------------------------------|----|--------|
| 1. Register Book.....               | \$ | 325.00 |
| 2. Memorial Cards.....              | \$ | N/A    |
| 3. Acknowledgment Cards .....       | \$ | N/A    |
| 4. Crucifix / Cross.....            | \$ | N/A    |
| 5. Flowers .....                    | \$ | N/A    |
| 6. Clothing or Burial Garments..... | \$ | N/A    |
| 7. Vault Company Equipment.....     | \$ | 345.00 |
| 8. Temporary Grave Marker.....      | \$ | N/A    |
| 9. Flowers Allowance .....          | \$ | 350.00 |
| 10. Monument Lettering .....        | \$ | 225.00 |
| 11. ....                            | \$ | N/A    |
| 12. ....                            | \$ | N/A    |
| 13. ....                            | \$ | N/A    |

#### J. Limited Services

- |                                 |    |     |
|---------------------------------|----|-----|
| 1. Forwarding remains to.....   | \$ | N/A |
| 2. Receiving remains from ..... | \$ | N/A |

TOTAL OF FUNERAL HOME CHARGES..... \$ 11,405.00

AUTHORIZATION INITIAL. \_\_\_\_\_

## 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. Fairview Cemetery.....	\$ 400.00
Clergy .....	\$ 150.00
3. Leader Estimate .....	\$ 225.00
4. Death Certificates (5).....	\$ 50.00
5. ....	\$ N/A
6. ....	\$ N/A
7. ....	\$ N/A
8. ....	\$ N/A
9. ....	\$ N/A
10. ....	\$ N/A
11. ....	\$ N/A
12. ....	\$ N/A
ESTIMATED TOTAL OF CASH ADVANCES .....	\$ 825.00

## III SUMMARY OF CHARGES

1. FUNERAL HOME CHARGES .....	\$ 11,405.00
2. CASH ADVANCES.....	\$ 825.00
TOTAL FUNERAL CHARGES .....	\$ 12,230.00

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

AUTHORIZATION INITIAL. \_\_\_\_\_

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, 433 RIVER STREET., SUITE 303, TROY, NEW YORK 12180-2299.

**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.

## CONTRACTUAL AGREEMENT

### STATEMENT OF GOODS AND SERVICES SELECTED

The funeral Home named in the above itemization of Funeral Services & Merchandise Selected agrees to render the services and furnish the merchandise specified in said itemization, and the undersigned purchaser(s) agrees to pay for the same the sum of \$ 10,769.30 under "Terms of Payment" referenced below.

Jon T. Carpenter

Printed or Typed Name of Funeral Director

\_\_\_\_\_  
Signature of Licensed Funeral Director

The undersigned purchaser(s) hereby attest to the following: (1) I/We authorized the above named funeral home ☒ to embalm ☐ not to embalm the deceased named above. (2) I/We were shown a Casket Price List and Outer Interment Receptacle Price List before the showing of Caskets and Outer Interment Receptacles. (3) I/We were given/offered for retention a General Price List upon the beginning of a decision of funeral arrangements and/or selection of services and merchandise. (4) The above itemization of Funeral Services & Merchandise Selected has been read by (to) me/us and I/We acknowledge receipt of a copy of same and a copy of this Contractual agreement.

**TERMS OF PAYMENT:** This account becomes due 4/6/21. If bill remains unpaid beyond 4/6/21 a late charge of 1.50% per month (annual rate) 18.00% may be added to the unpaid portion of the balance due. Purchaser(s) agrees to pay reasonable attorney fees, court costs and other courts costs of collection if incurred in the collection of this debt.

**I, or We, having read the above, accept and approve same, and jointly and severally promise to pay the sum stipulated in the Itemization of Funeral Services and Merchandise Selected, plus charges for any additional services and merchandise as ordered by me/us, said payment to be made according to the TERMS OF PAYMENT set forth above.**

MR. MRS. MISS	MR. MRS. MISS	MR. MRS. MISS
Signature of Purchaser or Co-Purchaser	Signature of Purchaser or Co-Purchaser	Signature of Purchaser or Co-Purchaser
Address	Address	Address
City and State Zip Code	City and State Zip Code	City and State Zip Code
Phone Number	Phone Number	Phone Number
Social Security Number	Social Security Number	Social Security Number

Add Leader Actual	\$ 264.30	Page 2
Remove Leader Estimate	\$ -225.00	
	\$ N/A	
	\$ N/A	
	\$ N/A	
	\$ N/A	

Total Adjustment to Funeral Charges ..... \$ 39.30

**ADJUSTED TOTAL** ..... \$ 12,269.30

Credit..... \$ 1,500.00

Total Amount Paid..... \$ N/A

**BALANCE OF FUNERAL CHARGES** ..... \$ 10,769.30

## 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.

Use of Staff and Facilities for Visitation - \$400.00

Use of Staff and Facilities for Funeral - \$395.00

Family Selected Embalming And A Vault

\_\_\_\_\_  
Signature of Licensed Funeral Director

\_\_\_\_\_  
Date

Jon T. Carpenter

Printed or Typed Name of Funeral Director

## Acknowledgment of Receipt

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date