

Pre Need Itemization Statement

*Do not use commas when entering dollar amounts.

Firm Name

Address 1

Address 2

City/State/Zip

PrePlan Acct #

Phone

Ben. Name

Address 1

Address 2

City/State/Zip

Prearrangement

Phone

I. FUNERAL HOME CHARGES (Indicate N/A for items of service and/or merchandise that were declined and TBS for items of service and/or merchandise to be selected at a later date.)

A. Alternative Services

1. Direct Cremation

\$

2. Direct Burial Services

\$

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 later in "IV. Explanation of Charges."

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:

2. Flower vehicle

\$

3. Limousine(s)

@ \$

\$

4. Passenger car(s)

@ \$

\$

H. Merchandise

1. Casket or Alternative Container

\$

a. Supplier

b. Model name or #

c. Material: wood

or kind of metal

weight or gauge

or alternative container

describe

d. Interior

2. Outer Interment Receptacle

\$

a. Supplier

b. Model name or #

c. Material

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

1. Memorial Cards	\$	
2. Acknowledgement Cards	\$	
3. Clothing or Burial Garments	\$	
4. Register Book	\$	
5. Death Notices	\$	
6.	\$	
7.	\$	
8.	\$	
9.	\$	
10.	\$	
11.	\$	
12.	\$	

J. Limited Services (If this is selected, a basic arrangement charge cannot be separately billed.)

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

TOTAL FUNERAL HOME CHARGES \$

II. CASH ADVANCES. These are estimated charges for items at current rates to be paid to others. We will charge you no more for these items than will actually be paid the third parties when the death occurs. (Describe and show estimated charges)

1. Cemetery / Crematory:	\$	
2. Clergy Honoraria:	\$	
3. Death Certificate Transcripts # @ \$	\$	
4. Livery	\$	
5. Pallbearers	\$	
6. Public Transportation	\$	
7. Gratuities	\$	
8. Bridge & Road Tolls	\$	
9.	\$	
10.	\$	
11.	\$	
12.	\$	

13.		\$
14.		\$
15.		\$

ESTIMATED TOTAL OF CASH ADVANCES \$

III. SUMMARY OF CHARGES

1. Total of Funeral Home Charges	\$	
2. Estimated Total of Cash Advances	\$	
3. Allowance	\$ ()	

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.

Total Charge For Use of Facilities and Staff:

1. For Visitation (E1 + F1)	\$	
2. For Funeral Service (Ceremony) (E2 + F2)	\$	

V. ADDTL. INSTRUCTIONS TO THE FUNERAL DIRECTOR

x

Signature of Licensed Funeral Director _____ Date _____

Printed Name of Licensed Funeral Director _____

Funeral Director Registration # _____

Funeral Firm Registration # _____

ACKNOWLEDGEMENT OF RECEIPT.

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

x _____
Signature of Purchaser _____ 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, 875 Central Ave. Albany, NY 12206

* I have received a copy of the current general price list and reviewed the casket and outer interment receptacle price list if appropriate for my selections.

Important Note: The use of this form is limited to authorized funeral directors who are participants in the New York State Funeral Directors Association PrePlan Trust Program. Deposit of funds into any investment vehicle other than the PrePlan trust fund will nullify the enclosed trust disclosures and trust agreement. Any use of this form by an unauthorized funeral director will be prosecuted by the NYSFDA PrePlan Trust to the fullest extent of the law.