

Funeral Firm _____
Address _____ Phone (_____) _____
City _____ State _____ Zip Code _____

PRE-NEED STATEMENT

Date _____, 20____ # _____
Place _____

Beneficiary _____ Social Security Number _____
Address _____ City _____ State _____ Zip Code _____
Phone # _____ Date of Birth _____ Male _____ Female _____

Purchaser _____ Social Security Number _____
(If different from Beneficiary)
Address _____ City _____ State _____ Zip Code _____
Phone # _____
Amount Received \$ _____

Alternative Person to be Notified:

Unless the person making payments declines in writing, the name and address of a person not living at the address of the person making payments must be provided. If the person making payments cannot be contacted, notices or other communications will be sent to this person at this address.

Alternative Person _____ Phone # _____
Address _____ City _____ State _____ Zip Code _____

Nature of Arrangements: (Check one)

- _____ Complete selection of services and/or merchandise agreed upon.
- _____ Partial selection of services and/or merchandise agreed upon.
- _____ No services and/or merchandise agreed upon.

The following are charges for services and/or merchandise you have selected. The charges are consistent with those on the current general price list, dated _____, a copy of which is attached, and the casket price list, dated _____, and the outer interment receptacle price list, dated _____, both of which are provided for your review. (Initials of Purchaser Upon Receipt and Review) _____

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 \$ _____

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. Refrigeration. \$ _____
- g. 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 facilities

- 1. Use of the facilities for visitation. \$ _____
- 2. Use of the 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 no. _____
 - c. Material: Species of wood _____
or kind of metal _____
weight or gauge _____
or alternative container (describe) _____
 - d. Interior _____
- 2. Outer interment Receptacle \$ _____
Supplier _____
Model name or no. _____
Material _____

I. Additional services and merchandise selected (describe and show price)

- 1. Urns \$ _____
- 2. Clothing \$ _____
- 3. Flowers \$ _____
- 4. Register Book \$ _____
- 5. Acknowledgement \$ _____
- 6. Prayer Cards \$ _____
- 7. Death Notices \$ _____
- 8. _____ \$ _____
- 9. _____ \$ _____
- 10. _____ \$ _____

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

- 1. Cemetery or Crematory \$ _____
- 2. Clergy Honoraria \$ _____
- 3. Death certificates ___ @ \$ _____ \$ _____
- 4. Clergy at cemetery \$ _____
- 5. Organist \$ _____
- 6. Out of town funeral Director \$ _____
- 7. Out of town shipping \$ _____
- 8. Pall bearers \$ _____
- 9. Gratuities \$ _____
- 10. _____ \$ _____
- 11. _____ \$ _____

ESTIMATED TOTAL OF CASH ADVANCES. \$ _____

III. SUMMARY OF CHARGES

- 1. Total of Funeral Home charges. \$ _____
- 2. Estimated total of 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 Facilities and Staff for memorial service is: \$ _____

V. ADDITIONAL INSTRUCTIONS TO THE FUNERAL DIRECTOR

SIGNATURE OF LICENSED FUNERAL DIRECTOR _____ DATE _____

PRINTED OR TYPED NAME OF FUNERAL DIRECTOR _____

Funeral Director Reg # _____ Firm Reg # _____

ACKNOWLEDGMENT

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
433 River Street Suite 303
Troy, New York 12180

