

STANDARD PRENEED STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

The Federal Trade Commission requires this disclosure. Also, this statement of disclosure is provided pursuant to the requirements of North Carolina G.S. 90-210.25(e). This funeral home is licensed by the North Carolina Board of Funeral Service whose mailing address is 1033 Wade Avenue, Suite 108, Raleigh, NC 27605, 1-800-862-0636 (or local 733-9380 in Raleigh).

With a Standard Preneed Funeral Contract the costs of these goods and services are not guaranteed. They will most likely increase with inflation. Your selection of goods and services assists you in determining how much your funeral would cost if it were held today.

Funeral Home _____ Preneed Establishment License Number _____
 Name of Beneficiary _____ Date _____

Charges are made only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as direct cremation or immediate burial. If we charged for embalming, we will explain below.

A. CHARGE FOR PROFESSIONAL SERVICES, FACILITIES AND EQUIPMENT

Basic Services of Funeral Director and Staff and Overhead	\$ _____
Embalming	\$ _____
Other Preparation of the Body	\$ _____
Use of Facilities and/or Staff for Visitation/Viewing	\$ _____
Use of Facilities and/or Staff for Funeral Ceremony	\$ _____
Use of Facilities and/or Staff for Memorial Service	\$ _____
Use of Equipment and/or Staff for Graveside Service	\$ _____
Transfer of Remains to Funeral Home _____ miles radius	\$ _____
Hearse	\$ _____
Limousine or other Family Vehicle	\$ _____
Other Autos	\$ _____
Forwarding of Remains to another Funeral Home	\$ _____
Receiving Remains from another Funeral home	\$ _____
Direct Cremation	\$ _____
Immediate Burial	\$ _____
Additional Services, Facilities, and Equipment (Specify) _____	\$ _____
_____ \$ _____	\$ _____
_____ \$ _____	\$ _____
_____ \$ _____	\$ _____
Total Additional Services, Facilities, and Equipment	\$ _____

TOTAL SERVICES, FACILITIES AND EQUIPMENT \$ _____

B. CHARGES FOR MERCHANDISE

Casket (Specify manufacturer, model, material, color, interior fabric and color)	\$ _____
_____	_____
Outer Burial Container (Specify manufacturer, model, and material)	\$ _____
_____	_____
Additional Merchandise (Specify):	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
TOTAL MERCHANDISE	\$ _____

C. CASH ADVANCE ITEMS

We charge you for our services in obtaining those items marked with an "X"

<input type="checkbox"/> Obituary notices	\$ _____	<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> Cemetery charges	\$ _____	<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> Certified copies of death certificate	\$ _____	<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> Flowers	\$ _____	<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> Crematory charges	\$ _____	<input type="checkbox"/> _____	\$ _____

TOTAL CASH ADVANCE ITEMS \$ _____

D. NC SALES and USE TAX \$ _____

TOTAL CASH ADVANCE ITEMS AND NC SALES and USE TAX \$ _____

E. OTHER (Specify) _____ \$ _____

TOTAL FUNERAL SERVICE (A+B+C+D+E) \$ _____

Disclosures: North Carolina law does not require the purchase of any funeral goods or services (except a cremation container is required for cremations). If any other legal, cemetery, or crematory requirement has required the purchase of any of the items listed above, we will explain the requirement below:

Reason for embalming _____

By writing initials, Purchaser acknowledges that a current casket and outer burial container price list was shown prior to discussing prices. A current General Price List was given to the purchaser for retention.

Executed at _____, NC Date _____

Signature of Purchaser _____

Signature of preneed licensee _____ License Number _____