

Statement of Funeral Goods and Services Selected

All Families Mortuary & Cremation Services

109 North Alamo Street 806 West Trinity Street 222 Leach Street 8166 US Highway 59 South
 Hearne, Texas 77859 Madisonville, Texas 77864 Lufkin, Texas 75904 Burke, Texas 75941
 Toll Free: (877) 480-5565

Charges are 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.

Charges are made only for items that are used. If the type of funeral selected requires extra items, we will explain the reasons for the extra items in writing on this memorandum.

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 a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

In the event that I may wish to question or comment on any area of service, I may contact the funeral establishment at my convenience. If matters cannot be resolved satisfactorily, complaints may be directed to the Texas Funeral Service Commission, P.O. Box 12217, Capitol Station, Austin, Texas 78711. Telephone number: (512) 936-2474. FAX Number: (512) 479-5064.

Funeral Services for _____

No. _____

Date of Death _____

Date of Statement _____

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:

Basic Services of Funeral Director & Staff
 Embalming
 Other preparation of body

2. Facilities, Equipment & Staff:

Use of Facilities & Staff for Viewing / Visitation
 Use of Facilities & Staff for Funeral Ceremony
 Use of Facilities & Staff for Memorial Service
 Use of Equipment & Staff for Graveside Service
 Use of Equipment & Staff for Church Service

3. Transportation:

Transfer of Remains to Funeral Home
 Hearse
 Limousine
 Sedan
 Service / Utility Vehicle

4. Other Services / Facilities / Equipment:

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 TOTAL OF SERVICES SELECTED \$ _____

B. CHARGE FOR MERCHANDISE SELECTED

Casket (or other receptacle)
Name/No.
Material
Color
 Outer Burial Container
Name/No.
Material
 Acknowledgement Cards
 Register Book
 Memory Folders / Prayer Cards
 Clothing
 Cremation Urn

 TOTAL OF MERCHANDISE SELECTED \$ _____

C. SPECIAL CHARGES

Forwarding remains to: _____ Receiving remains from: _____

Immediate Burial
 Direct Cremation
 Other
 TOTAL OF SPECIAL CHARGES \$ _____

TOTAL FUNERAL HOME CHARGES (A + B + C) \$ _____
(This total does not include Cash Advances)

D. CASH ADVANCES

Certified Copies of Death Certificate
 @ \$ _____ each \$ _____
 Clergy
 Musician
 Paid Newspaper Notice
 Cemetery
 Other

 TOTAL CASH ADVANCES \$ _____

We charge you for our services in obtaining: (specify cash advance items).

SUMMARY

Total Funeral Home Charges \$ _____
 Local Sales Tax (if applicable) \$ _____
 State Sales Tax (if applicable) \$ _____
 Total Cash Advances \$ _____
GRAND TOTAL \$ _____
 Less Credits, Payments, and Assignments from
 \$ _____
 \$ _____
 \$ _____
 \$ _____
TOTAL CREDITS \$ _____

BALANCE DUE ▶ \$ _____

DISCLOSURES

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

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