# STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

**CALI HOME FUNERAL SERVICES**
State License #FD2057
4683 Mercury Street, Suite A
619-708-9716 Fax 888-245-5399

The only warranty on the casket sold in connection with this service is the express written warranty, if any, granted by the manufacturer. We make no warranty, express or implied, with respect to the casket.

**NAME:**_____ _____

| | | |
|---|---|---|
| **BASIC PROFESSIONAL SERVICES:** | 895 | - |
| **PREPARATION OF BODY** | | |
| Removal from place of death | 395 | - |
| Dressing and cosmetology | 200 | - |
| Embalming | 495 | - |
| Washing | 120 | - |
| Casketing | 100 | - |
| | | - |
| **STAFF/FACILITIES/EQUIPMENTS** | | |
| Staff at our facilities per 4hrs | 375 | - |
| Staff at other facility (cemetery/Crematory) | 375 | - |
| Using Chapel for each 4 hrs | 400 | - |
| ID viewing (Quiet with 5 family members max) | 145 | - |
| Evening or weekend | 475 | - |
| Scattering at sea | 95 | - |
| Funeral Hearse | 395 | - |
| Utility vehicle | 150 | - |
| Addittional Mileage $3/mile | | - |
| _____ | | - |
| **MERCHANDISE:** | | |
| Casket: Metal/Wood/Other. Model:_____ | XXXX | - |
| Urn: Model:_____ | XXXX | - |
| Altar Supplies | 75 | - |
| Flowers (___ pieces) | 350 | - |
| Guest Register Book | 50 | - |
| Obituary Online | 395 | - |
| _____ | | - |
| _____ | | - |
| **TOTAL SERVICES AND MERCHANDISE** | | $ - |

If you selected a funeral which requires embalming, such as a funeral with a 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.

| | | |
|---|---|---|
| **CASH ADVANCES:** | | |
| Disposition Permit | 12.00 | - |
| | | - |
| #_____Certified Copies of Death Certificate | | - |
| "----------21.00-----each | 21.00 | - |
| State Cremation Fee | 8.50 | - |
| _____ | | - |
| Shipping remains/ Freight | | - |
| Motor Escorts #_____@_____each | 200.00 | - |
| Church or ooutside chapel usage | | - |
| Cremation Fee CSI | 725.00 | - |
| Outside Funeral Director | | - |
| Mourning Bands/Mourning Clothes | 25.00 | - |
| Coroner Fee | | - |
| _____ | | - |
| _____ | | - |
| _____ | | - |
| _____ | | - |
| _____ | | - |
| _____ | | - |
| _____ | | - |
| **TOTAL CASH ADVANCES** | | $ - |
| Sales Tax, if applicable | | $ - |
| Total Cash Advances | | $ - |
| **GRAND TOTAL** | | $ - |
| Package Price: | | $ - |
| **DISCOUNT** | | $ - |

Reason for embalming_____ **BALANCE DUE** $ -

**ACKNOWLEDGEMENT AND AGREEMENT:**
I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this statement and am eligible to receive a certified copy of the death record. I acknowledge that I have received, on this date, the General Price List and the Casket Price List. I also acknowledge execution and receipt of a copy of the statement.

**TERMS OF PAYMENT**: The Balance Due is payable at time of services rendered or_____. I agree to pay and/or guarantee payment of the charges listed on this statement. In the event of default of payment, I agree to Pay reasonable attorney's fees, court costs and interest. I agree that the liability is personally assumed by me and is in addition constitute a release of liability. By my signature below, acknowledgement and agreement of the above is hereby made.

PURCHASER:X_____DATED_____
Relationship to deceased:_____Social Security #_____
ACCEPTANCE: This funeral establishment agrees to provide all services, merchandise and cash advance indicated on the Statement.
BY_____

**FOR MORE INFORMATION ON FUNERAL, CEMETERY, AND CREMATION MATTERS, CONTACT: Department of Consumers Affairs, Cemetery and Funeral Bureau, 1625 North Market Blvd., Ste. S208, Sacramento, CA 95834; (800) 952-5210**