



All-State Cremation Service

7602 Madison Avenue
Indianapolis, Indiana 46227
(317) 885-8552
www.allstatecremation.com

Deceased:
Date of Death:
Place 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 Same-Day Viewing/Service
Use of Facilities & Staff for Viewing/Visitation
Use of Facilities & Staff for Funeral Ceremony
Use of Facilities & Staff for Memorial Service
Use of Equipments & Staff for Graveside Service
Evening Service Charge

3. TRANSPORTATION

Transfer of Remains to Mortuary (Facility)
Transfer of Remains to Mortuary (Residence)
Hearse
Limousine
Sedan
Service / Utility Vehicle

4. OTHER SERVICES / FACILITIES / EQUIPMENT

Daily Travel Charge
Mileage @ \$2.00 Per Mile

TOTAL SERVICES SELECTED

B. CHARGE FOR MERCHANDISE SELECTED

Casket

Outer Burial Container

Memorial Package
Memorial Package with Custom Color Photo
Clothing
Cremation Urn (\$150.00)
Video Creation
Technology Fee
Cremation Alternative Container

TOTAL MERCHANDISE SELECTED

C. SPECIAL CHARGES

Immediate Burial
XX Direct Cremation (\$795.00)
Other

TOTAL SPECIAL CHARGES

TOTAL FUNERAL HOME CHARGES

(This does not include Cash Advances)

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

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.

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 why below.

C. CASH ADVANCES

Certified Copies of Death @
Clergy Honorarium
Police Escort
Musician
Hairstylist & Cosmetologist
Obituary
Grave Service Charge
Final Date
Outer Burial Cont. Serv. Chg.
Flowers
Cremation Fee

TOTAL CASH ADVANCES

SUMMARY

Total Funeral Home Charges
Local Sales Tax
State Sales Tax
Total Cash Advances

GRAND TOTAL / BALANCE DUE

DISCLOSURES

Embalming expressly requested (if checked).

None

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

Crematory Requires a Rigid Container

Outer burial container-cemetery requirement (if checked).

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. I acknowledge that I have received the General Price List and the Casket Price List and the Outer Burial Container Price List.

Full payment is due upon the submission of this statement. If any payment is not paid when due, an unanticipated LATE CHARGE of 1.5% per month on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any late charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

Signed Dated

Signed Dated

ACCEPTANCE This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

By