



5840 Ulmerton Rd., Unit D • Clearwater, FL 33760  
Office: (727) 223-5911 • Fax: (727) 223-8905  
www.floridafamilycremations.com

## STATEMENT OF GOODS AND SERVICES SELECTED

Arrangements For:

Today's Date:

Date of Death:

DIRECT CREMATION SERVICE ..... \$

### ADDITIONAL SERVICES AND MERCHANDISE

Certified Copies of Death Certificate..... W    W/O ..... \$

Urn..... \$

Vet Discount..... \$

Fingerprints..... \$

Mail Remains..... \$

TOTAL DUE (at time of family conference/meeting)..... \$

ACKNOWLEDGEMENT AND AGREEMENT: I hereby acknowledge that I have the legal right to arrange the final disposition for the deceased and I authorize this establishment to perform the direct cremation services and other services and merchandise specified on this statement. By my signature below, I acknowledge that I have received, on this date, the General Price List and copy of this statement.

TERMS OF PAYMENT: 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 and court costs. I agree that the liability is being personally assumed by me and is in addition to the liability imposed by law upon the estate, and this agreement does not constitute a release of liability. By my signature below, acknowledgement and agreement of the above is hereby made. A sum equivalent to 2.65% of the total payment will be added to the total amount to any payment made by credit or debit card to offset the service fee charged by the credit card company for such services.

Signature	Date	Phone
-----------	------	-------

Address	City	State	Zip Code
---------	------	-------	----------

ACCEPTANCE: This establishment agrees to provide all services and merchandise specified on this statement.

Signature of FD/DD	Date	License #
--------------------	------	-----------