



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' Date: \_\_\_\_\_ Date of Death: \_\_\_\_\_

DIRECT CREMATION SERVICE ..... \$

ADDITIONAL SERVICES AND MERCHANDISE

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

Urn..... \$

Register Box Set..... \$

Other..... \$

Other..... \$

Other..... \$

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.

\_\_\_\_\_  
 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 #