



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 #