

STATEMENT OF GOODS & SERVICES SELECTED

CADY CREMATION SERVICES

For Cremation Expenses of (Name of deceased) _____

Name of Purchaser _____ Relationship _____ Telephone # _____

Social Security # ____ - ____ - ____ Signature _____ Date _____ Contact # _____

Funeral Director _____

Charges are only for those goods and/or services that you selected or that are required. If we are required by law or crematory or cemetery policy to use any item, we will explain the reason in writing below.

PACKAGED SERVICES	
A. Direct Burial	\$ _____
B. Direct Burial with Graveside Service	\$ _____
C. Full Service Burial	\$ _____
D. Deluxe Full Service Burial	\$ _____

MERCHANDISE	
Memorial Service	\$ _____
Rosary Service	\$ _____
Graveside Service	\$ _____
Viewing/ Visitation	\$ _____
Embalming	\$ _____
Cosmetology/ Dressing	\$ _____
Removal Requiring Additional Help	\$ _____
Coach	\$ _____
Shipping Remains	\$ _____
Oversize	\$ _____
Other	\$ _____
Total:	\$ _____

CASH ADVANCE	
Death Certificates _____ @ \$20.00	\$ _____
CASH ADVANCE TOTAL:	\$ _____

MERCHANDISE	
Casket	\$ _____
Casket Description: _____	\$ _____
Paper Goods Description: _____	\$ _____
Other: _____	\$ _____
Subtotal	\$ _____
Tax	\$ _____
Total	\$ _____

Burial Packages	\$ _____
Cash Advances	\$ _____
Merchandise	\$ _____
Itemized	\$ _____
Tax on Merchandise	\$ _____
Final Total	\$ _____
Amount Paid	\$ _____
_ Credit Card _ Check (#) _ Cash	