

CHAPEL OF THE PINES

FUNERAL HOME • CEMETERY • CREMATORY

503 FM 1942 • Crosby, Texas 77532
281-328-1000

Charges are made only for items that are used. If the type of funeral selected requires extra items, we will explain the reasons for the extra items in writing on this memorandum.

In the event that I may wish to question or comment on any area of service I may contact the funeral establishment at my convenience. If matters cannot be resolved satisfactorily complaints may be directed to the Texas Funeral Service Commission, P.O. Box 12217, Capitol Station, Austin, TX 78711 • 1-888-667-4881 or (512) 936-2474 • Fax (512) 479-5064.

No. _____

Deceased _____
Date of Death _____
Place of Death _____
Date of Statement _____

SERVICES, FACILITIES & TRANSPORTATION

Basic Services of Funeral Director & Staff
Embalming.....
Other Preparation of Body.....
Use of Facilities & Staff for Viewing / Visitation
Use of Facilities & Staff for Funeral Ceremony
Use of Facilities & Staff for Memorial Service
Use of Equipment & Staff for Graveside Service.....
Use of Equipment & Staff for Church Service
Transfer of Remains to Funeral Home
Hearse
Limousine
Sedan
Service / Utility Vehicle
TOTAL SERVICE CHARGE \$ _____

MERCHANDISE

Casket (or alternative container)
Name/No.
Material.....
Color
Outer Burial Container.....
Material.....
Color
Clothing
Acknowledgment Cards.....
Register Book.....
Memory Folders / Prayer Cards
Cremation Urn
TOTAL MERCHANDISE..... \$ _____

SPECIAL SERVICES

Forwarding Remains to: Receiving Remains From:

Immediate Burial.....
Direct Cremation.....
Other.....
TOTAL OF SPECIAL CHARGES..... \$ _____

TOTAL FUNERAL HOME CHARGES \$ _____

(This total 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 of by a cemetery or crematory to use any items, we will explain these 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 a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

CASH ADVANCES

Certified Copies of Death Certificate
_____ @ \$ _____ each \$ _____
Clergy _____
Other _____
Paid Newspaper Notice _____
Cemetery _____
Police Escort _____
Other _____

TOTAL CASH ADVANCE \$ _____

We charge you for our services in obtaining: (specify cash advance items).

SUMMARY

Total Funeral Home Charges..... \$ _____
Local Sales Tax (if applicable) \$ _____
States Sales Tax (if applicable) \$ _____
Total Cash Advances \$ _____
GRAND TOTAL \$ _____

Less Credits and Payments
\$ _____

BALANCE DUE \$ _____

Billing To _____

DISCLOSURES

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

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. Terms of Payment:

Full payment is due no later than _____
If any payment is not paid when due, an unanticipated LATE CHARGE of _____% per month (Annual Percentage Rate _____%) 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

x
Signed _____

Social Security Number _____

x
Signed _____

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

By _____