

VIRGINIA BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Perimeter Center

9960 Mayland Drive, Suite 300 – Henrico, Virginia 23233-1463

E-Mail: FanBd@dhp.virginia.gov Website: www.dhp.virginia.gov Phone: 804-367-4479

APPENDIX III

Any Funeral Home

Main Street - Anytown, Virginia - Telephone Number

ITEMIZED STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Funeral Services for _____

Date of Death _____ **Today's Date** _____

I. PROFESSIONAL SERVICES

A. Basic Services of Funeral Director and Staff \$ _____

II. FUNERAL HOME FACILITIES

A. Facilities and staff for visitation and viewing \$ _____

B. Facilities and staff for funeral ceremony \$ _____

C. Facilities and staff for memorial service \$ _____

D. Equipment and staff for graveside service \$ _____

E. Other charges for staff or facilities (Itemized below) \$ _____

III. EMBALMING

"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 that you did not approve if you selected arrangements such as direct cremation or immediate burial. If we charged for embalming, we will explain why below."

A. Normal remains \$ _____

B. Autopsy remains \$ _____

Embalming authorized by: _____

(*Note: Embalming authorization language not required on this form; could be a separate form.)

Reason for embalming:

(*Note: Reason for embalming could go on the disclosure page.)

IV. OTHER PREPARATION OF THE BODY

(* List below each preparation service that you offer and the price.)

V. IMMEDIATE BURIAL \$ _____

Charge includes: (* Briefly list what charge includes)

VI. DIRECT CREMATION \$ _____

Charge includes: (* Briefly list what charge includes)

VII. TRANSFER OF REMAINS TO FUNERAL ESTABLISHMENT \$ _____

(* List separately only when you list it as a separate charge on your General Price List.)

VIII. FORWARDING REMAINS TO ANOTHER FUNERAL ESTABLISHMENT

Charge includes: (*Briefly list what charge includes) \$ _____

IX. RECEIVING REMAINS FROM ANOTHER FUNERAL ESTABLISHMENT

Charge includes: (*Briefly list what charge includes) \$ _____

X. AUTOMOTIVE EQUIPMENT AND SERVICES \$ _____

Local service beyond _____ miles, add \$ _____ per vehicle or \$ _____ per mile.

(*Note: This statement must be included if this is your practice. List below all automotive equipment that you offer as a service. Any vehicles that you must rent would be a cash advance item.)

XI. FUNERAL MERCHANDISE (*Describe items selected below)

A. Casket _____ \$ _____

B. Outer Burial Container _____ \$ _____

C. All other funeral merchandise provided:
_____ \$ _____

XII. ANTICIPATED CASH ADVANCE ITEMS

"We charge you for our services in obtaining:" (*List each cash advance item. If you do not charge for your services and do not receive a commission or rebate from the third party, you do not have to use this disclosure.)

_____ \$ _____

XIII. PACKAGES

\$ _____

List any in-house package and state what items package includes. Items do not have to be priced individually. You do not have to go back through the contract and itemize the separate prices.

XIV. SUMMARY (* Mark N/A if fee does not apply)

A.	Subtotal: Professional Services and Facilities	\$ _____
B.	Subtotal: Funeral Merchandise	\$ _____
	Virginia Sales Tax on Funeral Merchandise	\$ _____
C.	Subtotal: Anticipated Cash Advances	\$ _____
	PRELIMINARY TOTAL FUNERAL ACCOUNT	\$ _____
	Additional late purchase cash advances	\$ _____
	FINAL TOTAL FUNERAL ACCOUNT	\$ _____

DISCLOSURES

"Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reason in writing below:"

Warranty: *"The only warranty on the casket or outer burial container, or both, sold in connection with this service is the express written warranty if any, granted by the manufacturer. This Funeral Home makes no warranty, express or implied, with respect to the casket or outer burial container."*

ACKNOWLEDGEMENT AND AGREEMENT

(*Note: Describe your terms below)

TERMS AND PAYMENT

(*Note: Describe your terms of payment below)

_____	_____	_____	_____
Signed	Dated	Co-signed	Dated
_____		_____	
Street		Street	
_____		_____	
City	State	Zip	City
			State
			Zip

ACCEPTANCE: (*Name of Funeral Establishment*) agrees to provide all services, merchandise and cash advances indicated on this Statement.

Licensed Funeral Director or Funeral Service Licensee