**Guaranteed Services & Merchandise.**

To use this form: You must reproduce this form on PAGE ONE of the contract. The Caption in this form is in Arial 12pt, the narrative paragraphs and the section detailing the guaranteed services and merchandise are in Arial 9pt fonts.

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**Statement of Funeral Goods and Services Selected**

<table>
<thead>
<tr>
<th>(A) GUARANTEED SERVICES &amp; MERCHANDISE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Total Contract Price below includes the goods and services to be delivered at the time of the Contract Beneficiary's death. You are not purchasing goods and services where price is left blank. You can purchase the goods and services left blank at the time of the funeral service. Certain purchases can be required by law or by a cemetery or crematory. This contract allows You to pay in advance and freeze the costs of the Guaranteed Services and Merchandise selected below.</td>
</tr>
</tbody>
</table>

**BASIC SERVICES OF FUNERAL DIRECTOR AND STAFF, AND OVERHEAD** $_________

**EMBALMING:** (explanation below)

Embalming services ........................................ $_________

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.

(describe): ____________________________________________

**OTHER PREPARATION OF THE BODY:**

- Bathing body .................................................. $_________
- Cosmetic/Beautician ........................................ $_________
- Dressing/Casketing .......................................... $_________
- Refrigeration fee (# days _________) .............. $_________
- Other ........................................................................ $_________

**USE OF FACILITIES AND STAFF:**

- Rosary or prayer service ........................................ $_________
- Viewing/Visitation (# days _________) ................... $_________
- Funeral ceremony at funeral home .................... $_________
- Funeral ceremony at other facility ................... $_________
- Memorial service at funeral home ................... $_________
- Memorial service at other facility ................... $_________
- Use of equipment and staff for graveside service .......... $_________
- Other ........................................................................ $_________

**TRANSPORTATION SERVICES:**

- Transfer of remains to funeral home (________ mile radius) .......... $_________
- Hearse (funeral coach) ........................................ $_________
- Funeral Sedan ...................................................... $_________
- Limousine (# ________) ........................................ $_________
- Pallbearer car ...................................................... $_________
- Clergy car ............................................................ $_________
- Flower car ............................................................ $_________
- Other ........................................................................ $_________

**OTHER SERVICES:**

- Forwarding of remains to another funeral home (describe) .......... $_________
- Receiving remains from another funeral home (describe) .......... $_________
- Other ........................................................................ $_________

**GOODS:**

- Casket .............................................................. $_________
- Wood Type: (describe) ...........................................
- Steel:  □ 16 ga □ 18 ga □ 20 ga □ ___ ga □ Stainless
- Other: ____________________________________________
- Seal: □ Nonseal □ Gasketed □ Nongasketed □ N/A
- Interior Lining: □ Crepe □ Velvet □ Satin □ Other _________
- Shell: □ Square □ Round □ Exterior color: (opt) _________
- Outer burial container (see explanation on page 2) $_________
- □ Liner □ Vault □ Box □ Other (describe):
- Concrete □ Wood Type: ____________________________
- Steel: □ 7 ga □ 10 ga □ 12 ga □ 14 ga □ Stainless
- Bronze □ oz. □ Copper □ oz.
- Other: ____________________________________________
- Seal: □ Nonseal □ N/A
- Alternative Container: (describe) $_________
- Urn: (Name and Primary Construction) $_________
- Shipping Container: (describe) $_________
- Clothing: (describe) $_________
- Stationery/Cards: (describe) $_________
- Memorial Book: (# ________) $_________
- Acknowledgement cards: (describe) $_________
- Other ........................................................................ $_________
- Other ........................................................................ $_________

(A) TOTAL COST OF GUARANTEED ITEMS: $_________

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