

McCrery & Harra Funeral Homes and Crematory

3924 Concord Pike

Wilmington, Delaware

302-478-2204

3710 Kirkwood Highway

www.mccreryandharra.com

Statement of Funeral Goods and Services Selected And Payment Agreement

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 reasons in writing below

Name of Deceased: Indo-American Cremation Package

Date: September 8, 2017

Professional Services:

A. BASIC SERVICES OF FUNERAL DIRECTOR

AND STAFF \$ 2450

B. 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 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.

Reason for Embalming: _____

C. OTHER PREPARATION OF DECEASED \$ 535

D. CREMATION FEE \$ 475

E. HAIRDRESSING \$ _____

Subtotal for Professional Services \$ 3460

Facilities:

A. USE OF FACILITIES & STAFF

FOR VIEWING \$ _____

B. USE OF FACILITIES & STAFF FOR

FUNERAL CEREMONY \$ 750

C. USE OF EQUIPMENT & STAFF

FOR OFF-PREMISES CEREMONY \$ _____

D. USE OF EQUIPMENT & STAFF

FOR MEMORIAL SERVICE \$ _____

E. USE OF EQUIPMENT & STAFF

FOR A GRAVESIDE SERVICE \$ _____

F. USE OF EQUIPMENT & STAFF

FOR VIEWING ELSEWHERE \$ _____

G. WEEKEND & HOLIDAY

FUNERAL SERVICE SURCHARGE \$ _____

Subtotal for Facilities: 750

Transportation:

A. TRANSFER OF REMAINS TO

FUNERAL HOME \$ 375

B. USE OF HEARSE \$ _____

C. USE OF LIMOUSINE \$ _____

D. USE OF FLOWER VEHICLE \$ _____

E. USE OF OTHER AUTOMOTIVE

EQUIPMENT \$ _____

F. ADDITIONAL MILEAGE

up to 50 miles

Merchandise:

CASKET _____ \$ _____

OUTER BURIAL CONTAINER AS
SELECTED _____ \$ _____

Required Yes No

If required specify reason: _____

OTHER MERCHANDISE AS SELECTED:

CREMATION CONTAINER

Stratus _____ \$ 285

URN _____ \$ _____

REGISTER BOOK *Travel* \$ 55

CLOTHING *cards* \$ _____

TEMPORARY MARKER *photo* \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MERCHANDISE SELECTED: _____ 340

Cash Advances:

AIR FARE \$ _____

CEMETERY FEES \$ _____

DEVICE, GREENS, & TENT \$ _____

OVERTIME CEMETERY/VAULT \$ _____

NEWSPAPER NOTICES

ESTIMATE \$ _____

ACTUAL \$ _____

CLERGY HONORARIUM _____ \$ _____

_____ \$ _____

SOLOIST _____ \$ _____

ORGANIST _____ \$ _____

GRATUITIES/PALLBEARERS \$ _____

NUMBER OF DELAWARE DEATH CERTIFICATES

2 At \$25 PER COPY \$ 50

OUT OF STATE DEATH CERTS \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

| | | | | |
|---|----------|-------------|---------------------------------|-------------------|
| _____ miles @ \$4 per mile | \$ _____ | 0 | TOTAL CASH ADVANCES: | \$ <u>50.00</u> |
| Subtotal for Transportation: | \$ _____ | <u>375</u> | TOTAL OF ALL SELECTIONS: | \$ <u>4975.00</u> |
| CREMATION OPTIONS | | | | |
| Package: _____ | \$ _____ | | | |
| DIRECT CREMATION | | | | |
| Notes: _____ | \$ _____ | | | |
| IMMEDIATE BURIAL | | | | |
| | \$ _____ | | | |
| FORWARDING REMAINS TO ANOTHER FUNERAL HOME | | | | |
| | \$ _____ | | | |
| RECEIVING OF REMAINS FROM ANOTHER FUNERAL HOME | | | | |
| | \$ _____ | | | |
| TOTAL SERVICES SELECTED: | \$ _____ | 4585 | | |

I promise to pay the balance due (as indicated on the final statement which I will receive) on or before the date the services are performed.

Should I fail to make the final payment, as noted above, this agreement will be in default. In the event of a default, I promise to pay all costs of collection, including, without limitation, court costs and attorney fees. In addition to collection costs, I also agree and promise to pay Late Payment Charges which will accrue monthly at the rate of 1% or 12% per annum commencing on the first day of the month following the due date.

The above statement has been read by me and I agree to pay the funeral account and such additional services and materials as ordered by me. The liability assumed is in addition to the liability imposed by law upon the estate and others, and shall not constitute a release thereof. I acknowledge receipt of a completed copy of this statement at the time of execution, and further acknowledge that I have read the General Price List, Casket Price List and Outer Burial Container List with attendant statements concerning embalming, required purchase of caskets or outer burial containers and warranty disclaimers.

Funeral Home Representative

Richard W. Harra

Funeral Purchaser(s)

Home Telephone Number

Work/Cell Phone Number

Social Security Number