

OLD TOWN FUNERAL CHOICES
 1205 Belle Haven Road
 Alexandria, VA 22307
 (703) 465-1800 Fax (703) 765-4035

FUNERAL CHOICES OF CHANTILLY
 14522L Lee Road
 Chantilly, VA 20151
 (703) 378-6896 Fax (703) 378-6896

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 the respect to the casket or outer burial container.

Initial

**ADDENDUM to Section C
 SPECIAL CHARGES**
 See General Price List for complete description

No. _____
 DECEASED _____
 DATE OF DEATH _____
 PLACE OF DEATH _____
 DATE OF STATEMENT _____

A. CHARGE FOR SERVICES SELECTED

- 1. Professional Services:**
 Basic Services of Funeral Director & Staff
 Embalming
 Other preparation of body
- 2. Facilities, Equipment & Staff:**
 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
- 3. Transportation:**
 Transfer of Remains to Funeral Home
 Hearse
 Limousine
 Sedan
 Service / Utility Vehicle
- 4. Other Services / Facilities / Equipment:**

 TOTAL OF SERVICES SELECTED \$

B. CHARGE FOR MERCHANDISE SELECTED

- Casket (or other receptacle)
 Name/No.
 Material
 Color
- Outer Burial Container
 Name/No.
 Material
- Acknowledgement Cards
 Register Book
 Memory Folders / Prayer Cards
 Clothing
- Cremation Urn

 TOTAL OF MERCHANDISE SELECTED \$

C. SPECIAL CHARGES

- 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 or by a cemetery or crematory to use any items, we will explain the 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 _____
 Musician _____
 Paid Newspaper Notice _____
 Cemetery _____
 Other _____

TOTAL CASH ADVANCES \$ _____

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

SUMMARY

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

Less Credits and Payments
 \$ _____
 Total Credits \$ _____

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 _____ Dated _____
 Social Security Number _____

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

By _____