

**INFLATION-PROOF PRENEED STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED**

The Federal Trade Commission requires this disclosure. Also, this statement of disclosure is provided pursuant to the requirements of North Carolina G.S. 90-210.25(e). This funeral home is licensed by the North Carolina Board of Funeral Service whose mailing address is 1033 Wade Avenue, Suite 108, Raleigh, NC 27605, 1-800-862-0636 (or local 733-9380 in Raleigh).

While the costs of goods and services are not guaranteed with an Inflation Proof Preneed Funeral Contract, the Funeral Establishment agrees to provide all items, except the Non-Guaranteed Cash Advance Items and NC Sales and Use Tax, without receipt of additional sums from Purchaser & without regard to whether there are sufficient funds available in the trust or insurance policy when the items are purchased.

Funeral Home \_\_\_\_\_ Preneed Establishment License Number \_\_\_\_\_

Name of Beneficiary \_\_\_\_\_ Date \_\_\_\_\_

Charges are made 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 direct cremation or immediate burial. If we charged for embalming, we will explain below.

**A. CHARGE FOR PROFESSIONAL SERVICES, FACILITIES AND EQUIPMENT**

Basic Services of Funeral Director and Staff and Overhead	\$ _____
Embalming	\$ _____
Other Preparation of the Body	\$ _____
Use of Facilities and/or Staff for Visitation/Viewing	\$ _____
Use of Facilities and/or Staff for Funeral Ceremony	\$ _____
Use of Facilities and/or Staff for Memorial Service	\$ _____
Use of Equipment and/or Staff for Graveside Service	\$ _____
Transfer of Remains to Funeral Home _____ miles radius	\$ _____
Hearse	\$ _____
Limousine or other Family Vehicle	\$ _____
Other Autos	\$ _____
Forwarding of Remains to another Funeral Home	\$ _____
Receiving Remains from another Funeral home	\$ _____
Direct Cremation	\$ _____
Immediate Burial	\$ _____
Package Plan _____	\$ _____

(package name)

Additional Services, Facilities, and Equipment (Specify) _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Additional Services, Facilities, and Equipment \$ \_\_\_\_\_

**TOTAL SERVICES, FACILITIES AND EQUIPMENT** \$ \_\_\_\_\_

**B. CHARGES FOR MERCHANDISE**

Casket (Specify manufacturer, model, material, color, interior fabric and color) \$ \_\_\_\_\_

Outer Burial Container (Specify manufacturer, model, and material) \$ \_\_\_\_\_

Additional Merchandise (Specify):	_____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**TOTAL MERCHANDISE** \$ \_\_\_\_\_

**C. NON-GUARANTEED CASH ADVANCE ITEMS**

We charge you for our services in obtaining those items marked with an "X"

Obituary notices	\$ _____	\$ _____
Cemetery charges	_____	\$ _____
Certified copies of death certificate	\$ _____	\$ _____
Flowers	\$ _____	\$ _____
Crematory charges	\$ _____	\$ _____
	\$ _____	\$ _____

**TOTAL NON-GUARANTEED CASH ADVANCE ITEMS** \$ \_\_\_\_\_

**D. NC SALES and USE TAX** \$ \_\_\_\_\_

**TOTAL CASH ADVANCE ITEMS AND NC SALES and USE TAX** \$ \_\_\_\_\_

E. OTHER (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL FUNERAL SERVICE (A+B+C+D+E)** \$ \_\_\_\_\_

*Disclosures: NC law does not require the purchase of any funeral goods or services (except a cremation container is required for cremations). If any other cemetery, or crematory requirement has required the purchase of any of the items listed above, we will explain the requirement*

*Reason for embalming* \_\_\_\_\_

By writing initials, Purchaser acknowledges that a current casket and outer burial container price list was shown prior to discussing prices. A current General Price List was given to the purchaser for retention.

Executed at \_\_\_\_\_, NC      Date \_\_\_\_\_

Signature of Purchaser \_\_\_\_\_

Signature of preneed licensee \_\_\_\_\_ License Number \_\_\_\_\_

NCBFS ISG&S 10/03(rev.12/12) Original remains with Funeral Home preneed file. -Copy to Purchaser -Copy to NCBFS -Copy to Financial Institution or Insurance