

**Simple Traditions
Cremation and Burial Services
Burial Contract and Statement of Goods and Services**

Name of Decedent: _____

Next of Kin / Authorizing Agent: _____

FOR MORE INFORMATION ON FUNERAL, CEMETERY, AND CREMATORY MATTERS CONTACT THE DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY & FUNERAL BUREAU, 1625 NORTH MARKET BLVD. SUITE S-208, SACRAMENTO, CA 95834: (916) 574-7870

Professional Services

Administrative / Professional Services	\$300.00
Transportation at Time of Death	\$200.00
Repository Facility	\$175.00
Transportation to Cemetery	\$200.00
Casketing & Use of Staff at Graveside	\$300.00

Merchandise (Specify)

Casket Provided by Funeral Home _____

Floral Arrangements _____

Other: _____

Descriptions of Merchandise: _____

Additional Services

Identification Viewing	_____
Viewing / Memorial Service	_____
Dressing and Preparation	_____
Other: _____	_____
Other: _____	_____

Cash Advance Items

Certified Copies of Death Certificate _____ at \$21.00 each	_____
Coroner's Fee	_____
Other: _____	_____
Other: _____	_____

To continue to offer our low-cost burial service, we require payment in full at the time service is rendered.

Tax	_____
Total	_____
Amt. Paid	_____
Balance	_____

The Federal Trade Commission Trade Regulation rule for "Cremation/Funeral Industry Practice" requires certain disclosures and prohibits misrepresentations. The following is a checklist we ask those we serve to read and sign to verify that the Burial/Funeral disposition arrangements conference was conducted in compliance with the rule.

I made the arrangements for the disposition of the deceased named above and do hereby attest to the following: I was shown/given a general pricelist effective June 2020, prior to discussing prices, services, or merchandise. I was NOT told that embalming is required by law and WAS told that the law does not require embalming except in certain scenarios.

I WAS told that State law DOES NOT require the purchase of an outer container/burial container or any of the goods and services I selected except as set forth above.

I confirm that I have examined the above stated items and found them correct and according to the arrangements selected, and that prior to signing this statement, I reviewed and approved a completed copy of this statement. I also confirm that I have that I have been informed of my rights to select services, as I desire.

_____	_____	____/____/____
Signature of Purchaser	Relationship	Date

This authorization of payment was authorized via telephone by the responsible party, or next of kin:

_____, the _____ (Relationship).

I declare under penalty of perjury that the foregoing is true and correct. Executed on: ____/____/____, at Carmichael, CA.

_____	_____
Funeral Establishment Representative (Signature)	Funeral Establishment Representative (Print)