

CALI HOME FUNERAL SERVICES
7401 Princess View Dr. Suite A
 San Diego, California 92120
 State License #FD2057

www.calihomefunerals.com Tel 619-708-9716 Fax 888-245-5399

DECEASED: _____
STATEMENT DATE: ___/___/___
DATE OF DEATH: ___/___/___
PLACE OF DEATH: _____

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:

Basic Professional Services.....	\$ -
Removing from Place of Death.....	\$ -
Embalming.....	\$ -
Dressing and Cosmetology.....	\$ -
Casketing.....	\$ -
.....	\$ -
TOTAL:	\$ -

2. Facilities, Equipment & Staff:

Use of Staff for services: 1-4 hrs.....	\$ -
Chapel Usage up to 4hrs.	\$ -
Additional use of Chapel and/or staff.....	\$ -
Evening or weekend:.....	\$ -
ID viewing.....	\$ -
.....	\$ -
TOTAL:	\$ -

3. Transportation & Automotive equipment:

Funeral Coach (Hearse).....	\$ -
Utility Vehicle.....	\$ -
.....	\$ -
TOTAL:	\$ -
TOTAL OF SERVICES SELECTED.....	\$ -

B. CHARGE FOR MERCHANDISE SELECTED

Casket: Model: _____	\$ -
Description: _____	
Flowers: () Pieces. Color: _____	\$ -
Crucifix.....	\$ -
Cremation Urn (_____ Plastic _____)	\$ -
Altar supplies.....	
White Gloves.....	\$ -
.....	\$ -

Disclaimer of Warranties: The only warranty on the casket or any merchandise sold in connection with this service is the express warranty, if any, granted by the manufacturer. This Funeral Home makes no warranty, express or implied, including an implied warranty of merchantability and an implied warranty of fitness for a particular purpose, to the respect to the merchandise.

TOTAL OF MERCHANDISE SELECTED.....	\$ -
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C. SPECIAL CHARGES

.....	\$ -
.....	\$ -
TOTAL:	\$ -

TOTAL FUNERAL HOME CHARGES.....	\$ -
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(This total does not include Cash Advances)

Bill To: _____

This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

Funeral Home Representative: _____ License Number _____

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, or if you selected arrangements such as a direct cremation or immediate burial. If we charge for embalming, we will explain why below

D. CASH ADVANCED

Death Certificate.....	\$ -
Disposition permit.....	\$ -
CA cremation state fee.....	\$ -
Death certificate order online.....	\$ -
.....	\$ -
.....	\$ -
TOTAL CASH ADVANCES	

SUMMARY

TOTAL FUNERAL HOME CHARGE.....	\$ -
Sales Tax.....	\$ -
Cash Advances.....	\$ -

GRAND TOTAL

GRAND TOTAL	\$ -
Less Credit Adjustment or payments	\$ -
AMOUNT DUE	\$ -

DISCLOSURE

If any legal, cemetery, or crematory requirement has required the purchase of any items listed, we will explain the requirement below:

Cemetery/ Crematory: _____

Reason for Embalming: _____

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 has been offered for review the Casket Price List and Outer burial Container Price List.

FOR MORE INFORMATION ON FUNERAL, CEMETERY, AND CREMATION MATTERS, CONTACT: DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU, 1625 NORTH MARKET BLVD., SUITE S-280, SACRAMENTO, CA 95834 pHONE 800-952-5210 OR 916-574-7870. OR ONLINE: www.dca.ca.gov

TERMS OF PAYMENT: The Balance Due is payable at time of services rendered or _____. I agree to pay and/or guarantee payment of the charges listed on this statement. In the event of default of payment, I agree to pay reasonable attorney's fees, court costs and interest. I agree that the liability is personally assumed by me and in addition constitutes a release of liability. By my signature below, acknowledgment and agreement of the above is hereby made.

Signature _____ SSN _____
 X _____

Signature _____ Dated _____
 X _____

