



Heritage Cremation Society

SIMPLE • SENSIBLE • AFFORDABLE

CONTRACT AGREEMENT

A. Cremation Plans

Basic Cremation Plan \$ _____
 Celebration of Life Plan \$ _____
 Cremation with Service Plan \$ _____
 Indigent Cremation Plan \$ _____
 No Cost Cremation Plan \$ _____

Documentation Fee \$ _____ **\$**

C. Merchandise

Urns \$ _____
 Urns \$ _____
 Urns \$ _____
 Urn Vault \$ _____
 Cremation Accessories \$ _____
 Cremation Casket (Insert/Rental) \$ _____
 Do-It-Yourself Memorial Package \$ _____
 Custom Memorial DVD \$ _____
 Oversize Cremation Container \$ _____
 Other \$ _____

\$

B. Cremation Options

Staff services for Identification Viewing \$ _____
 Staff services for Private Viewing \$ _____
 Staff services for Public Viewing \$ _____
 Staff services for Witnessing of Cremation \$ _____
 Staff services for transfer of deceased from residence \$ _____
 Staff services for transfer of deceased weighing over 300 lbs. \$ _____
 Staff services for Visitation (\$150.00 per hour) \$ _____
 Staff services for Graveside Service \$ _____
 Staff services for embalming of deceased \$ _____
 Staff services for restorative work following autopsy \$ _____
 Hand delivery of cremains to family (within 30 miles) \$ _____
 Shipping cremains via USPS \$ _____
 Removal of pacemaker or other electronic devices \$ _____
 Other \$ _____

\$

D. Cash Advanced Items

Certified Death Certificates (_____ x \$ _____ each) . \$ _____
 Newspaper Obituary Notice \$ _____
 Cemetery Interment Fees \$ _____
 Cemetery Equipment Charges \$ _____
 Clergy Honorariums \$ _____
 Cantor / Organist / Musicians \$ _____
 Flowers \$ _____
 Motorcycle Escort \$ _____
 Travelers Package \$ _____
 Medical Examiner's Office Fee \$ _____
 Other \$ _____
 Other \$ _____

\$

TOTAL COST

\$

AMOUNT PAID CHECK \$ _____ CREDIT CARD \$ _____ CASH \$ _____

\$

TOTAL BALANCE DUE

\$

The Heritage Cremation Society reserves the right to charge additional costs if they should apply for home removal requiring additional staff or equipment, removal from a place of death more than (30) miles away, removal and arrangements for a member weighing in excess of 300 lbs, and for the removal of pacemakers, defibrillators or other medical implants when the final arrangements include cremation. Additional charges may be incurred for securing the signature of a physician or medical examiner located outside our normal service area.

I hereby acknowledge that I have the legal right to select the final arrangements for the deceased and I authorize Heritage Cremation Society to provide the services, furnish the merchandise and incur outside charges as specified. I hereby acknowledge that payment in full is due upon the completion of the arrangements for the deceased. I acknowledge that I have received the General Price List and understand the expenses for options selected. I further agree and understand that I am assuming personal liability for the charges set forth in this Contract and that this is in addition to the liability imposed by law upon the estate of the party for whom these arrangements are made. **At the direction of the purchaser, all rights, title, prepaid funds held in account, insurance assignments and interest in and to the Contract Agreement described above are irrevocably assigned to the Heritage Cremation Society.**

Arrangements for _____

Signature _____

Print Name _____

Date _____

Signature _____

Print Name _____

Date _____