

Ballard and Sons Funeral Home
208 SOUTH WALNUT 118 SOUTH 5th
DALEVILLE 47334 MIDDLETOWN 47356
INDIANA
378-3242 354-2051

DECEASED Shirley Kay (Musick) Robbins No. _____
DATE OF DEATH _____
PLACE OF DEATH _____
DATE OF STATEMENT _____

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:

Services of Funeral Director and Staff
Embalming
Other preparation of body

2. Facilities and Equipment:

Use of facilities for viewing/visitation
Use of facilities for funeral ceremony
Other use of facilities memorial 455-

455-

3. Automotive Equipment:

Transfer of remains to funeral home
Hearse
Use of limousine(s)
Other
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4. Other services/facilities/equipment:

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that are used. If we are required by law to use any items, we will explain the reasons in writing below.
If you selected a funeral which requires 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 why below.

CASH ADVANCES

Certified Copies of Death Certificate

_____ @ \$ _____ each \$ _____

Clergy 75

Musician _____

Paid Newspaper Notices _____

Cemetery _____

Other _____

TOTAL CASH ADVANCES \$ 75

SUMMARY

Total Funeral Home Charges \$ _____

Sales Tax, if applicable \$ _____

Total Cash Advances \$ _____

GRAND TOTAL \$ _____

Less Credits and Prepayments

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Credits \$ _____

BALANCE DUE ► \$ 530

Billing To _____

TOTAL OF SERVICES SELECTED.....\$ 455

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.....\$ 455
(This total does not include Cash Advances)

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.

The only warranty on the casket and/or outer burial container 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, INCLUDING AN IMPLIED WARRANTY OF MERCHANTABILITY AND AN IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE, WITH RESPECT TO THE CASKET AND/OR OUTER BURIAL CONTAINER.

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 have been offered for review the Casket Price List and Outer Burial Container Price List.

Terms of Payment:

Thirty (30) days

Full payment is due no later than NOV 15.

If any payment is not paid when due, an unanticipated LATE CHARGE of 1.5 % per month (ANNUAL PERCENTAGE RATE 18 %) 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.

K. M. Mathews 10/5/2001
Signed Dated

Signed Dated

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

By Jan F. [Signature]