



Beach Cities Cremation Society

500 E. Imperial Ave., Ste B El Segundo, CA 90245
Phone: (888) 337-2646 FD-2093

Contract Number: _____

Counselor: _____

Date: _____ Age: _____

Name of Deceased: _____

If you selected a service 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 why below.

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.

Professional Services	
SERVICE OPTION:	
Basic Services of the Funeral Director and staff	
Transfer of Remains to Funeral Home (30 Mile Radius)	
Additional Attendant Needed for Removal	
Embalming	
Alternate Care (Refrigeration)	
Other preparation of the Deceased	
Special Care / Autopsy Repair	
Abnormal Documentation Preparation	
Priority Processing	
Ceremonial Washing Rites	
Total Charges for Professional Services	

Cash Advanced on your Behalf	
We charge you for our services in obtaining and purchasing the following items	
Officiant for Service	
Musician	
California Recording Fee	
Certified copies of Death Certificate	
Photocopies of the Death Certificate	
Motor Escorts	
Obituary Notices, (Estimate)	
Long Distance Phone Calls	
Consulate Charges	
Translations	
Airfare, (Estimate)	
Rec./Shipping Funeral Home Charges	
Shipping Cremains via Registered Mail	
Scattering of Cremains at Sea	
Crematorium Fee	
Coroner's Fees	
Marker Setting Fees	
Total Cash Advances:	

Use of Facilities and Staff	
Use of Facilities and Staff for Visitation at our Facility	
Additional Hours of Visitation over Original 6 Hours (Business Hours)	
Use of Equipment and Staff for Visitation at another Facility	
Use of Facilities and Staff for Visual Identification	
Use of Facilities and Staff for Funeral Ceremony	
Use of Facilities and Staff for Memorial Service	
Use of Equipment and Staff for Graveside Services	
Use of Reuseable Casket Shell (Rental Casket)	
Use of Equipment and Staff For Funeral Ceremony, or	
Memorial Ceremony at another Facility	
Use of staff for unwitnessed delivery place of Final Disposition	
Evening, Weekend, and/or Holiday Service fees	
Security Deposit	
Total Charges For Facilities, Equipment and Staff	

Totals	
Total Service Option Charges:	
Total Professional Services:	
Total Use of Facilities and Staff:	
Total Use of Motor Equipment:	
Total Merchandise Charges:	
Total Sales Tax:	
Total Cash Advances:	
Insurance Charge @ 15%	
Victim's of Crime Charge @ 15%	
Other:	
Subtotal:	
Grand Total	
Payment/Date	
Payment in Full / Date:	
Paid by:	

Use of Motor Equipment	
Funeral Coach (Hearse) (Maximum 3 Hour Limit)	
Limousine (Maximum 3 Hour Limit)	
Additional Mileage in Excess of 30 Mile Radius (per vehicle)	
Service Vehicle (e.g. Flower, or Clergy Vehicle)	
Utility Vehicle (e.g. Removal or Document Vehicle)	
Additional Time / Motor Equipment	
Total Use of Motor Equipment	

Merchandise	
Casket, Model:	
Vault, Model:	
Urn, Model:	
Air Tray or Combo Unit	
Register Book, Model:	
Memorial Folders, Type: Qty:	
Holy Cards, Type: Qty:	
Thank You Cards, Type: Qty:	
Crucifix / Cross, Model:	
Rosary Beads	
Pallbearer gloves, Qty:	
Clothing, Model:	
Flowers:	
Marker	
Total Merchandise:	
Total Sales Tax	

For more information on Funeral, Cemetery and Cremation matters contact:
Department of Consumer Affairs Cemetery and Funeral Bureau
1625 North Market Blvd., Suite S-208
Sacramento, California 95834
(916) 574-7870

I/ We _____ certify that I/we am/are the legal next of kin and have the legal right to control the final disposition of: _____ I/We certify that I/we had the opportunity to read or have explained and understand the options available to me/us in arranging for the final services. Therefore, I/we solely/jointly promise to pay the Douglass Family Mortuaries the amount of \$ _____ in lawful money of the United States of America by date: _____. By my/our signature/s, hereon, I/we acknowledge receipt of a true and correct copy of the forgoing contract, current price list and agreement with all the appropriate blanks filled in.

SIGNATURE: _____
Relationship: _____
Address: _____
Driver's License: _____
Social Security No.: _____
Employer / Credit Referral: _____

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Relationship: _____
Address: _____
Driver's License: _____
Social Security No.: _____
Employer / Credit Referral: _____

By : _____
Funeral Counselor