

**BellaVida Funeral Home**  
**9661 W. Chinden Blvd, Garden City, ID.**  
**83714**

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

A. PROFESSIONAL SERVICE  
 SELECTED  
 Professional Services of Funeral  
 Director and Facilities.....\$ \_\_\_\_\_  
 Embalming .....\$ \_\_\_\_\_  
 Casketing and Dressing .....\$ \_\_\_\_\_  
 Other:  
 .....\$ \_\_\_\_\_  
 .....\$ \_\_\_\_\_

B. ADDITIONAL SERVICES AND  
 FACILITIES FEES  
 Visitation .....\$ \_\_\_\_\_  
 Funeral Service .....\$ \_\_\_\_\_  
 Memorial Service.....\$ \_\_\_\_\_  
 Graveside Funeral Service..\$ \_\_\_\_\_  
 Other: .....\$ \_\_\_\_\_  
 Other:.....\$ \_\_\_\_\_  
 Other.....\$ \_\_\_\_\_

MERCHANDISE SELECTED

F. Casket .....\$ \_\_\_\_\_  
 Outer Burial Container.....\$ \_\_\_\_\_  
 Urn.....\$ \_\_\_\_\_  
 Crem.Cont.....\$ \_\_\_\_\_  
 Burial Garments .....\$ \_\_\_\_\_  
 RegistrationBook .....\$ \_\_\_\_\_  
 Programs .....\$ \_\_\_\_\_  
 Other.....\$ \_\_\_\_\_  
 Sales Tax .....\$ \_\_\_\_\_

TOTAL MERCHANDISE  
 SELECTED .....\$ \_\_\_\_\_

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TOTAL SERVICES, MERCHANDISE AND CASH ADVANCES.....\$ \_\_\_\_\_

I/We, the undersigned, acknowledge that the foregoing statement has been read to me/us and I/ we hereby acknowledge receipt of completed copy.

C. AUTOMOTIVE EQUIPMENT  
 Transfer of Remains to Funeral  
 Home .....\$ \_\_\_\_\_  
 Funeral Coach.....\$ \_\_\_\_\_  
 Limousine .....\$ \_\_\_\_\_  
 Service Vehicle.....\$ \_\_\_\_\_  
 Escort.....\$ \_\_\_\_\_  
 Other.....\$ \_\_\_\_\_

D. ALTERNATIVE SERVICES  
 Forwarding Remains .....\$ \_\_\_\_\_  
 Receiving Remains .....\$ \_\_\_\_\_  
 Direct Cremation .....\$ \_\_\_\_\_  
 Immediate Burial.....\$ \_\_\_\_\_

E. PACKAGES  
 (Includes all goods and services  
 with a checkmark)  
 Cremation.....\$ \_\_\_\_\_

TOTAL SERVICE SELECTED .....\$ \_\_\_\_\_  
 Discount.....\$ \_\_\_\_\_

G. CASH ADVANCES  
 Sales Tax.....\$ \_\_\_\_\_  
 Cemetery Charges .....\$ \_\_\_\_\_  
 Newspaper .....\$ \_\_\_\_\_  
 Minister.....\$ \_\_\_\_\_  
 Music .....\$ \_\_\_\_\_  
 Death Cert. \_\_\_\_\_ @\$16=  
 Other:.....\$ \_\_\_\_\_  
 Other.....\$ \_\_\_\_\_

We charge you for our services in obtaining:  
 those items designated with an asterisk.  
 TOTAL CASH ADVANCES \$ \_\_\_\_\_

Name Of Deceased: \_\_\_\_\_

\_\_\_\_\_  
(Responsible Party Print )

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone No.)

\_\_\_\_\_  
(Co-Purchaser print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone No.)

\_\_\_\_\_  
Signature of funeral personnel

\_\_\_\_\_  
Date

If any law, cemetery, or crematory requirements have required the purchase of any of the items listed, the law or requirement is explained below:

\_\_\_\_\_

\_\_\_\_\_

Reason for Embalming: \_\_\_\_\_