



1.800.756.2311

Srv@CremationHome.com



Contract for Simple Cremation Service

Purchaser will be required to provide us with a signed copy of this form after death.

\$&Z/\$\$

1. Transportation into our care, Alternative container, Refrigeration of deceased, Medical Examiner Fee, Production, Administration, Coordination with certifying physician & Certification of death certificate, Documents & permits, Rigid container for ashes, Cremation procedure within 10 business days of completing all requirements under Florida Law, Certified death certificate & 48 State delivery of cremated remains. Services completed are non-refundable.

Decedents weighing 300-475 lbs will be charged an additional fee of \$495

2. Services listed below are additional, available upon your request & are not required.

We charge a fee included in the prices below to complete or obtain these goods & services. Charges are only for those items you selected or that are required. If we are required by law or by a cemetery or crematory, we will explain the reason in writing below.

World Wide Travel Assurance 1 time fee for Travel coverage 75 miles or more from home \$495.

- Heritage Plan: Ashes & death certificates delivered/shipped 48 Business Hrs after completion \$795
Initiate Expedite Death Certificate Case by Case Basis- Delivery/Mailing within 48 Business Hours \$395
Initiate Expedite Cremation - Case by Case Basis Delivery/Mailing within 48 Business Hours \$395
Additional State of Florida Certified Death certificates \$15 each
Placement of each additional obituary, \$15 does not include newspaper fees
Division, filling Pendants or Vaulting Cremated Remains \$39, each available on a per case basis
Placement of Cremated Remains in the Gulf of Mexico per Federal Regulations - \$295
Insurance assignment per case basis AHCS retains Policy \$350 Additional Standard Delivery \$295

\$2,100 : Default Total\*Unless other service or above Items are requested, this fee pays this arrangement in full

\$ = Adjusted Total ~ Method of Payment:

Amount Paid: \$ Balance Due: Paid In Full : Yes\*

Beneficiary who arrangement is for.: - Date of Death:

Signature of Purchaser: Printed Name:

American Heritage Representative: Printed Name:

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