



SACRED CROSSINGS FUNERAL HOME

WAIVER & AGREEMENT

Required Disclosures

The **SACRED CROSSINGS FUNERAL HOME** service charges are for obtaining the goods and contract services listed on the attached *Goods and Services Selected* document. This agreement is legally binding.

Full payment is due in advance by cash, money order or cashier's check.

Changes in any goods or services may result in changed pricing and must be mutually agreed upon in writing when changes are requested

** Embalming is not required by law, except in certain special cases. 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 a direct burial. If we charged for embalming, we will explain why below. Reason for embalming:*

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

* No casket is required for direct cremation. No outer burial container purchase is required by law. However, some cemeteries require them, in which case this will be explained to you in the contract provided by the cemetery.

* Neither embalming nor caskets can delay decomposition of the remains for a long or indefinite time.

* The only warranty on the casket and/or burial container sold in connection with this service is the express written warranty 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**

* **SACRED CROSSINGS** aims to file the Disposition Permit and Death Certificates as soon as practically possible. Obtaining certification of death requires that the attending doctor provide the causes of death and that the County certify the death. In certain cases the coroner will need to provide the causes of death. The involvement of these other parties may result in delays that are outside the control of **SACRED CROSSINGS**. If you request 'expedited filling' an additional fee of \$150 will be added and every step possible will be taken to ensure filling within 3 days of death.

* Certified Copies of your death certificates will arrive by mail within 10 business days of filling with the health department. If you need to receive the certificates sooner, please be sure to make this known to your Sacred Crossing Guide at the time of signing this agreement. You may elect to pick up the certificates from the Vital Records office, or for a rush fee of \$250 Sacred Crossings will deliver to your residence within two business days of filling the permit.

It is agreed that SACRED CROSSINGS FUNERAL HOME shall incur no liability whatsoever as a result of information, assistance, services, physical injury, loss or emotional distress that may occur from creating or carrying out funeral and final disposition arrangements. RATHER: BY SIGNING THIS I INDEMNIFY AND HOLD YOU AND YOUR EMPLOYEES HARMLESS

ACKNOWLEDGEMENT AND AGREEMENT I (we) authorize SACRED CROSSINGS FUNERAL HOME to perform services, furnish goods, and incur outside charges specified on this statement. I (we) acknowledge that I (we) received a General Price List and a Casket Price list and Outer Burial Container Price List if such a container was purchased and copy of the Cemetery and Funeral Bureau's consumer guide to Funeral & Cemetery Purchases. I (we) have read (or have been read) the above, accept and approve same, and jointly and severally promise to make full payment. Receipt of a copy of this statement is acknowledged.

DECEASED: _____ Date of Death _____

Signed _____ DATE _____

PRINT NAME _____

Relationship to Deceased: _____

Co-Signed _____ DATE _____

PRINT NAME _____

Relationship to Deceased: _____

ACCEPTANCE: SACRED CROSSINGS agrees to provide all services, merchandise and cash advances indicated on the attached Final Statement of Goods & Services Selected.

Signed By _____ DATE _____

PRINT NAME _____ Title _____