

Phone Shopping Worksheet

Funeral Homes/Cemeteries Called:	1	2	3
Name:	_____	_____	_____
Phone Number:	_____	_____	_____
Contact Name:	_____	_____	_____
1. Non-declinable basic services fee:	_____	_____	_____
2. Removal/transfer of remains to funeral home:	_____	_____	_____
3. Embalming (optional):	_____	_____	_____
4. Other preparation of the body:	_____	_____	_____
5. Use of facilities/staff for viewing (optional):	_____	_____	_____
6. Use of facilities/staff for funeral ceremony (optional):	_____	_____	_____
7. Use of a hearse:	_____	_____	_____
8. Use of a service car/van:	_____	_____	_____
9. Basic memorial printed package:	_____	_____	_____
10. Casket (family can supply):	_____	_____	_____
11. Cremation:	_____	_____	_____
12. Cremation certificate:	_____	_____	_____
13. Death certificate:	_____	_____	_____
14. Cemetery lot:	_____	_____	_____
15. Cemetery interment fee:	_____	_____	_____
16. Other _____:	_____	_____	_____
17. Other _____:	_____	_____	_____
18. Other _____:	_____	_____	_____