

# Affordable Cremation Services of New York

130 Carleton Ave., Central Islip, NY 11722  
(516) 546-4626

Services for: Vicki R. C. Simon

Place of Death: Glen Cove, New York

Date of Death: September 30, 2018

## ITEMIZATION OF FUNERAL SERVICES AND MERCHANDISE SELECTED

The following are the charges for the services, merchandise, and livery you have selected. You will not be charged for any item you do not choose unless it is necessary because of other selections you have made. Any such charges are explained below.

### I. FUNERAL HOME CHARGES

(Indicate N/A for items of service and/or merchandise that are not provided)

#### A. Alternative Services

- |                           |          |
|---------------------------|----------|
| 1. Direct Cremation ..... | \$641.00 |
| 2. Direct Burial .....    | N/A      |

#### B. Transfer of remains to the funeral establishment including personnel, equipment and vehicle .....

N/A

#### C. Preparation of Remains

- |  |     |
|--|-----|
| 1. Embalming (including use of preparation room) ..... | N/A |
|--|-----|

*If you select a funeral for which this firm requires embalming such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you do not approve if you select arrangements such as direct cremation or direct burial. If we charge for embalming, we will explain why.*

- |  |  |
|--|--|
| 2. Other Preparation (including use of preparation room but excluding embalming) |  |
|--|--|

- |                               |     |
|-------------------------------|-----|
| a. Topical Disinfection ..... | N/A |
| b. Custodial Care .....       | N/A |
| c. Dressing / Casketing ..... | N/A |
| d. Cosmetology .....          | N/A |
| e. Restoration .....          | N/A |
| g. Other (specify) .....      | N/A |
| h. ....                       | N/A |

#### D. Arrangements

Basic arrangements: including funeral director, other staff, equipment and facilities to respond to initial request for service, the arrangements conference, securing of necessary authorizations and coordination of service plans with parties involved in the final disposition of the deceased.

N/A

#### E. Supervision (Funeral Director and Staff)

- |  |     |
|--|-----|
| 1. Supervision for Visitation .....        | N/A |
| 2. Supervision for Funeral Services .....  | N/A |
| 3. Supervision for Memorial Services ..... | N/A |

#### F. Use of the facilities

- |  |     |
|--|-----|
| 1. Use of the facilities for visitation .....  | N/A |
| 2. Use of the facilities for the funeral ..... | N/A |
| 3. Other use of the facilities (specify) ..... | N/A |

#### G. Livery

- |                               |     |
|-------------------------------|-----|
| 1. a. Hearse or .....         | N/A |
| b. Alternative vehicle .....  | N/A |
| (Specify Type:)               |     |
| 2. Flower vehicle .....       | N/A |
| 3. Limousine(s) .....         | N/A |
| 4. Pallbearer car .....       | N/A |
| 5. Passenger car(s) .....     | N/A |
| 6. Lead / Clergy car(s) ..... | N/A |

#### H. Merchandise

- |                                     |                      |
|-------------------------------------|----------------------|
| 1. Casket .....                     | N/A                  |
| a. Supplier: N/A                    |                      |
| b. Model name or number:            |                      |
| c. Material: Species of wood: N/A   |                      |
| or Kind of Metal: N/A               | weight or gauge: N/A |
| d. Interior                         |                      |
| or alternative container .....      | N/A                  |
| (describe)                          |                      |
| 2. Outer Interment Receptacle ..... | N/A                  |
| a. Supplier                         | N/A                  |
| b. Model name or number             |                      |
| c. Material                         | N/A                  |
| 3. Urn .....                        | N/A                  |
| a. Description N/A                  |                      |

### I. ADDITIONAL SERVICES and/or MERCHANDISE SELECTED (Describe and show price)

- |                                      |          |
|--------------------------------------|----------|
| 1. Register Book .....               | N/A      |
| 4. Crucifix / Cross .....            | N/A      |
| 5. Flowers .....                     | N/A      |
| 6. Clothing or Burial Garments ..... | N/A      |
| 7. Vault Company Equipment .....     | N/A      |
| 8. Temporary Grave Marker .....      | N/A      |
| 9. Transportation Nassau .....       | \$250.00 |

### J. LIMITED SERVICES

- |                                 |     |
|---------------------------------|-----|
| 1. Forwarding remains to .....  | N/A |
| 2. Receiving remains from ..... | N/A |

TOTAL OF FUNERAL HOME CHARGES ..... \$891.00

### II. CASH ADVANCES

These are estimated charges for items to be paid to others. We will charge you no more for these items than is actually paid the third parties. (Describe and show estimated charges)

- |                                 |           |
|---------------------------------|-----------|
| 1. 1 Death Certificate Included | (\$10.00) |
| 2. Nassau Suffolk Crematory     | \$354.00  |
| 3. Death Certificate            | \$10.00   |

ESTIMATED TOTAL OF CASH ADVANCES ..... \$354.00

### III SUMMARY OF CHARGES

- |                               |            |
|-------------------------------|------------|
| 1. FUNERAL HOME CHARGES ..... | \$891.00   |
| 2. CASH ADVANCES .....        | \$354.00   |
| 3. DISCOUNTS .....            | N/A        |
| TOTAL FUNERAL CHARGES .....   | \$1,245.00 |

### ALTERATIONS .....

TOTAL ALTERATIONS ..... \$0.00

CONTRACT TOTAL CHARGES ..... \$1,245.00

### IV. EXPLANATION OF CHARGES

Explain charges for embalming and for any items that are not required by law but may be necessary because of cemetery requirements, crematory requirements or other selections made.

X \_\_\_\_\_ 10/01/2018  
Signature of Licensed Funeral Director  
Danielle Hassett  
Printed or Typed Name of Funeral Director

### ACKNOWLEDGMENT OF RECEIPT

I have received this itemization of funeral services and merchandise selected.

X \_\_\_\_\_ 10/01/2018  
Signature \_\_\_\_\_ Date

SS#

PUBLIC NOTICE: THE NEW YORK STATE DEPARTMENT OF HEALTH IS RESPONSIBLE FOR LICENSING AND REGULATING NEW YORK STATE FUNERAL DIRECTING UNDER THE PUBLIC HEALTH LAW. YOU MAY CONTACT THE DEPARTMENT AT: BUREAU OF FUNERAL DIRECTING, NEW YORK STATE DEPARTMENT OF HEALTH, CORNING TOWER, EMPIRE STATE PLAZA, ALBANY, NEW YORK 12237

### AGREEMENT

The foregoing statement has been read by (to) me and I hereby acknowledge receipt of a copy of same and agree to pay the above funeral account and for such additional services and materials as are ordered by me, on or before. The liability hereby assumed is in addition to the liability imposed by law upon the estate and others, and shall not constitute a release thereof.

### TERMS

This account becomes due on day of funeral unless other arrangements are made. If bill remains unpaid beyond \_\_\_\_\_ a late charge of 1.5% per month (annual rate 18%) may be added to unpaid portion of the balance due. In the event that this account is turned over to an attorney for collection, I shall be liable to pay all reasonable attorney's fees incurred by Affordable Cremation Services of New York.

OCTOBER 1, 2018

X \_\_\_\_\_  
Signature