



CREMATION SELECTION GUIDE

Direct Cremation Charge	\$ <u>1595.00</u>
Cremation Service Options:	
Private Viewing \$125	\$ _____
Pacemaker Removal \$150	\$ _____
Family-Witnessed Cremation \$250	\$ _____
Attendant at Graveside \$250	\$ _____
Nationwide Travel Protection \$375	\$ _____
Chapel Rental with Attendant \$495	\$ _____
Cremation Merchandise Options:	
Cremation Urns \$12 - \$2,600 - Specify Name & Number _____	\$ _____
Basic Memorial Package (50 Basic Prayer Cards, 50 Acknowledgement Cards and Register Book) \$125	\$ _____
Custom Memorial Package (50 Laminated Prayer Cards w/ photo, 50 Matching Acknowledgement Cards and Register Book) \$250	\$ _____
Disposition Options:	
Mailing in State \$50	\$ _____
Mailing out of State \$60	\$ _____
Personal Delivery \$50 - \$250	\$ _____
TOTAL	\$ _____

<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> ☆ PRE PAYMENT OPTIONS </div>	<input type="checkbox"/> Payment in Full 3 Digit Security Code <input style="width: 50px;" type="text"/> <input type="checkbox"/> Enclosed is a check to cover the items selected. Bill my creditcard. Card# _____ Expiration Date _____ Installment Plan <input type="checkbox"/> We can create a budget to meet anyone's circumstances. Please call to discuss this option. (Pre-planning only) <i>Payment in full is required prior to cremation.</i>	(CIRCLE ONE)  
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I will indemnify and hold harmless, Hamel Funeral Care & Cremation Service of Massachusetts and the crematory from any claims to the contrary, including all liability and claims related to the shipment and storage of the cremated remains.

Signed _____ Address _____

City _____ State _____ Zip _____

Date _____ Email: _____ Social Sec. No. _____

ACCEPTANCE: This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

By _____