

funeral director's quote form

Name of funeral director:	
Address:	
Telephone number:	
Email:	
<i>N.B. Client put a line through any service not required before submitting form</i>	
Name of deceased:	Funeral date:
Burial / Cremation at (client specify):	
FUNERAL DIRECTOR'S COSTS & FEES	£
Visit client to take instructions and give advice on registration, funeral arrangements, bereavement benefits etc	
Complete the paperwork and documentation, make bookings, liaise with and pay external parties	
Bring deceased person into care from place of death / mortuary - additional cost outside office hours	
Provide care facilities for the deceased until funeral (cost per day)	
Care & preparation of the body e.g. wash, dress in clothes provided, prepare and place in coffin	
Host viewing in chapel of rest during office hours by appointment - outside office hours	
Embalming Hygienic treatment	
Extra journey for deceased (e.g. take home before funeral)	
Funeral director's attendance on the day of the funeral	

Attendance of 4 bearers on the day of the funeral	
Cost for attendance of funeral director on the day	
Hire of hearse	
Alternative to hearse (less formal vehicle)	
Hire of limousine	
Additional cost to begin the funeral cortege from home	
Additional cost for attendance at woodland or private land burial	
Additional cost for attendance at funeral on Saturday / Sunday	Sat: Sun:
COFFINS (Specify height and weight of the person)	Ht: Wt:
Veneer (client specify oak, mahogany, elm, panelled/plain)	
Solid wood (client specify oak, mahogany, poplar, cherry, untreated pine)	
Cost for the coffin to be panelled	
Bamboo (funeral director to specify make)	
Willow (funeral director to specify make and country of origin)	
Cardboard (funeral director to specify make)	
Other e.g. Banana leaf, Seagrass, Papaver, Papier Mache (circle the one you want)	
Crematorium (client specify crematorium) Single time on date requested Double time on date requested	
Doctors' fees (for B and C forms)	
Burial fee including gravedigging (client specify burial ground)	
TOTAL COST OF CLIENT REQUEST (FD: if there are options, please mark the items included in the total with a 'T' to the right of the column)	
FD PLEASE RETURN FORM TO: Client's Name:	
Address:	
Fax no:	Tel. no:
Email address:	