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8 Khyber Pass Warwick WK03
Tel: (441) 236-0155
Fax: (441) 236-4845

AMIS MEMORIAL CHAPEL
P.O. BOX WK 300
WARWICK WK BX
BERMUDA

Website: www.AmisMemorial.com
E-mail: AmisMemorial@logic.bm

Amis Bermuda Crematory Services
64 Waller's Point Road, St. David's
St. George, Bermuda

[ ] FUNERAL / [ ] CREMATION CONTRACT

Date_____

I/we, the undersigned having the legal right and responsibility, hereby engage the Amis Memorial Chapel, to remove, cremate and/or preserve by embalming and to perform such derma surgery and restorative art as may be deemed necessary by the staff of the Amis Memorial Chapel upon the remains of _____ and to furnish the necessary equipment, casket, shipping case, etc., professional and staff services and cash advance in connection with the funeral or/and cremation of the same.

Signature_____ Print Name_____

Billing Name_____

Billing Address_____

Home Phone:_____ Cell Phone:_____ Email:_____

Signature_____ Print Name_____

Billing Name_____

Billing Address_____

Home Phone:_____ Cell Phone:_____ Email:_____

SERVICES

Professional Services in preparation of deceased including: consultation with family and clergyman, arrangement and direction of the visitation and funeral, preparation and filing of necessary notices, authorizations and consents, local transportation of the remains, use of establishment facilities, equipment, and other services and attendance prior to, during and following the funeral and/or cremation.

Professional Services fee	$_____	Direct Cremation fee (no embalming)	$_____
Embalming fee: Yes ☐ No ☐	$_____	Post-cremation memorial service fee	$_____
Viewing(s): 1 ☐ 2 ☐ None ☐	$_____		

Total Services Selected: **$**_____

MERCHANDISE SELECTED

Casket ☐ Coffin ☐ Casket rental ☐	$_____	Shipping Case	$_____
Urn(s)_____ Keepsake(s)_____	$_____	Clothing ___ Dress ___ Suit ___ Gloves, etc.	$_____

Total Merchandise Selected: **$**_____

CASH ADVANCES FOR YOUR CONVENIENCE

*Funeral Notices Newspaper	$_____	Death Certificate(s)_____@_____	$_____
Flowers (Family Spray)	$_____	Programs_____	$_____
Church Fee	$_____	Hairdresser	$_____

Organist/Musician Fee	$_____	Family Transportation	$_____
Sexton Fee	$_____	Live Streaming	$_____
Opening & Closing Grave	$_____	_____	_____
Use of Grave	$_____	_____	_____
Purchase of Grave	$_____	_____	_____

Total Cash Advance: **$**_____(Approx. Value)
*Newspaper charges are by the inch.

COMPLETE FUNERAL/CREMATION CHARGES **$**_____(Approx. Value)

DEPOSIT DATE	
50% Deposit due at contract signing	$
20% Due before funeral/cremation	$
Remainder due upon receipt of final bill	Approx. $
10% Discount on casket if paid in full within 30 days of the billing date	$

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. **TO ALL ACCOUNTS OVER 60 DAYS, A 2% FINANCE CHARGE PER MONTH WILL BE ADDED TO THE UNPAID BALANCE** and any Collection charges incurred after the date of the agreement will be added to the sum due. All accounts over 60 days will automatically be forwarded to our Collection Agency unless other arrangements have been made with the Funeral Home.

The foregoing memorandum has been read by (to) me/us and I/we hereby understand and acknowledge receipt of a copy of same and agree to be jointly and severally liable for full payment of the above funeral account and such additional services and materials in their entirety as ordered by me, upon receipt of the final bill or within 10 business days of completion of contracted services, whichever comes first.

Authorized by: _____Relationship: _____

Address: _____

Authorized by: _____Relationship: _____

Address: _____

Witness: _____Relationship: _____

Address: _____

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

Funeral Home's Authorized Representative's Signature: _____

(PRINT NAME) _____

Date of Statement: _____

Direct deposit may be made via Butterfield Bank to Amis Memorial Acct.# 2000 6060 5400 23100
Please use domestic transfer and not wire. Please use reference number and memo indicating which funeral services you are paying for.

Bermuda's only full service funeral home