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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:_____

ESSENTIAL SERVICES

1. **Initial Services**
   Included in Initial Services are the following: consultation with family and medical professionals, preparation and filing of governmental notices, authorizations and consents and transportation of remains to Amis Memorial Chapel. **$**550.00
2. **Cremation: Yes [ ] No [ ] $**

   OPTIONS:

   Total of OPTIONS: $_____

3. **Embalming: Yes [ ] No [ ] $**

Authorized by initials_____ FU-CR-2026-05-d-e

Total of Essential Services Selected: $ 550.00

MERCHANDISE

Casket [ ] Coffin [ ] Casket rental [ ] ___	$_____	Clothing___ Dress___ Suit___ Gloves, etc.	$_____
Urn(s)_____ Keepsake(s)_____	$_____	_____	_____
Shipping Case	$_____	_____	_____

Total of Merchandise Selected: $_____

CASH ADVANCES FOR YOUR CONVENIENCE

*Funeral Notices Newspaper	$_____	Death Certificate(s)_____@$35.00	$_____
Flowers	$_____	Programs_____	$0.00
Church Fee	$_____	Hairdresser	$_____
Organist/Musician Fee	$_____	Family Transportation	$_____
Sexton Fee	$_____	Live Streaming	$_____
Opening & Closing Grave	$_____	Pallbearers(s)___@$100.00	$_____
Use of Grave	$_____	_____	_____
Purchase of Grave	$_____	_____	_____

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

COMPLETE ESTIMATE OF CHARGES $ 550.00 (Approx. Value)

INITIAL PAYMENT DATE	
For Complete Charges totaling **under** $5600, full payment is due at contract signing. *If the Decedent was a recipient of monetary support from Bermuda's Department of Financial Assistance (DFA), please speak to one of our staff about possible payment scheduling and amounts.*	
For Complete Charges over $5600, 50% deposit **due at contract signing**	$ 275.00
For Complete Charges over $5600, 20% due **before funeral/cremation**	$ 110.00
Remainder due upon receipt of final bill	Approx. $ 165.00
10% Discount on a newly purchased casket (not rentals) 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

Authorized by initials_____ FU-CR-2026-05-d-e

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 sixty (60) days are automatically forwarded to our Collection Agency unless other arrangements have been made in writing with Amis Memorial Chapel.

N.B. Amis Memorial Chapel does not store cremated remains. Thiry (30) days after cremation, all cremated remains that are uncollected by an authorized signatory below will be interred in a way that will make them permanently irretrievable and untraceable.

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

Authorized by initials_____ FU-CR-2026-05-d-e