



MCA FUNERAL HOME

Muslim Community Association

1755 Catherine Street, Santa Clara, CA 95050

funeral@mcabayarea.org | Phone (408) 727---7277 | (408) 680---4490 | Fax (408) 970---9561

License # FD2206

http://www.mcabayarea.org/about---us/funeral---services

Services for _____

Date of Death _____ Place of Death _____

Charge to _____

Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

STATEMENT OF FUNERAL GOODS AND SERVICES
SELECTED- Charges are only for those items that you selected or that are required. If wares required by law or by a cemetery to use any items, we will explain the reasons in writing below.

MCA Standard Funeral Services Package

Basic Services of Funeral Director and Staff and Overhead \$ _____

Extended Services

Saturday, Sunday, Evening or Holiday Service Charge \$ _____

Transfer of the Body to the Funeral Home \$ _____

Care and Preparation of the Body

Washing and preparing body for private family viewing without embalming \$ _____

(Refrigeration -Per day after 24 hours) \$ _____

Dressing and Casketing \$ _____

Burial Merchandise

Alternative Container _____ \$ _____

Facilities:

Use of facilities and staff for viewing or visitation (per two hours) Monday-Friday, 10am-5pm \$ _____

After hours, weekends and holidays \$ _____

Use of services for funeral ceremony at mortuary, chapel, church or other outside facility \$ _____

Use of equipment and/or graveside service \$ _____

Motor equipment

Funeral coach (hearse) 20 miles radius \$ _____

Limousine – minimum 3 hours \$ _____

Flower van, airport or cemetery delivery \$ _____

SFO/Jan Jose Airport delivery or receiving \$ _____

Utility car (e.g. documenting state/local/foreign documents) \$ _____

Simple Services

Transferring of the body to/from another funeral home. \$ _____

Our charge includes: basic services of funeral director and staff; removal of remains; or other preparation of remains, if relevant; and local transportation.

Cash Advance Items

Permit for Disposition \$ _____

Certified Copies ____@\$_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Charges \$ _____

Note: Funeral Expenses are to be paid in full by the day of the funeral services

NOTICE TO BUYER: Do not sign this document before you read it. You are entitled to a completely filled in copy of this agreement. I acknowledge receipt of a completed copy of this statement at the time of execution, and further acknowledge that I was offered the General Price List for retention, and that I was shown the Casket Price List prior to selecting such merchandise. **Buyer**

Initial _____ Date _____

BUYER ACKNOWLEDGE RECEIPT OF A COMPLETE COPY OF THIS FUNERAL SERVICE CONTRACT

Signature (Buyer) _____ Date _____

For matters regarding funeral services, please contact the Cemetery & Funeral Bureau, 1625 North Market Blvd., Suite S208, Sacramento, CA 95834 (916) 574-7870 - Fax (916) 928-7988