



*Living Our Mission*

CATHOLIC FUNERAL & CEMETERY SERVICES  
OF NORTHERN COLORADO  
A MINISTRY OF THE ARCHDIOCESE OF DENVER

## DIRECTOR DISCOUNT

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Contract #: \_\_\_\_\_

COMMENTS / SITUATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name-Family Service Advisor/Funeral Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Family Service Advisor/Funeral Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name—Executive or Assistant Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Executive or Assistant Director

\_\_\_\_\_  
Date



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## DIRECTOR ADJUSTMENT

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Contract #: \_\_\_\_\_

COMMENTS / ERROR / MISCALCULATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name-Family Service Advisor/Funeral Director \_\_\_\_\_ Date

\_\_\_\_\_  
Signature – Family Service Advisor/Funeral Director \_\_\_\_\_ Date

\_\_\_\_\_  
Print Name—Executive or Assistant Director \_\_\_\_\_ Date

\_\_\_\_\_  
Signature – Executive or Assistant Director \_\_\_\_\_ Date



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## Contract Entry Specifications:

- All on one contract (multiple locations and services) ☐
- Per Person (one location and services for one interment) ☐
- Other ☐

Please provide an explanation (for "Other" only):

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## REFUND REQUEST FORM

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Contract #: \_\_\_\_\_

REASON - COMMENTS / ERROR / MISCALCULATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name-Family Service Advisor/Funeral Director \_\_\_\_\_ Date

\_\_\_\_\_  
Signature – Family Service Advisor/Funeral Director \_\_\_\_\_ Date

\_\_\_\_\_  
Print Name—Executive or Assistant Director \_\_\_\_\_ Date

\_\_\_\_\_  
Signature – Executive or Assistant Director \_\_\_\_\_ Date