

Buyer: _____ Date: _____

Owner/Beneficiary: _____

MORTUARY CONTRACT CHECKLIST

PAYMENT

Cash	<input type="checkbox"/> Receipt number: _____
Check	<input type="checkbox"/> Check number: _____
Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Master Card Approval Code: _____ <input type="checkbox"/> Charge Account Receivable Sheet
Express Funeral Funding	<input type="checkbox"/>
Auto-Pay	<input type="checkbox"/> Recurring Authorization Form placed in vault
ACH CHECKING ACCT.	<input type="checkbox"/>
MONTHLY PAYMENT	<input type="checkbox"/>
Payment Copy	<input type="checkbox"/> Copy made
Cemetery Location	<input type="checkbox"/> Written on top of Pre-need Mortuary Contract
Pre – Need Trust Disclosure	<input type="checkbox"/>
Non- Guaranteed Items Form	<input type="checkbox"/>

Buyer: _____ Date: _____

Owner/Beneficiary: _____

CEMETERY CONTRACT CHECKLIST

POSTING						
	RED BOOK	MARKER BOOK	LAND CARD BOOK	PLAT BOOK	SALES BOOK	*SOCIAL SERVICES*
PERSON 1						
PERSON 2						

***Please make copy of Social Service paperwork and Internment Order for Ali ***

LOCATION

SECTION _____ BLOCK _____ LOT _____ GRAVE _____

Mausoleum _____ Section _____ Tier _____ Crypt/Niche _____

PAYMENT

CASH	<input type="checkbox"/> Receipt number: _____	CHECK	<input type="checkbox"/> Check number: _____
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CREDIT CARD	<input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Payment Copy Made Approval Code: _____ <input type="checkbox"/> Charge Accounts Receivable Sheet				
AUTO-PAY	<input type="checkbox"/>	AUTO-PAY ACH (CHECKING ACCT.)	<input type="checkbox"/>	MONTHLY PAYMENT	<input type="checkbox"/>

*****FSA FINAL CHECK LIST BEFORE TURNING IN CONTRACTS INTO BASKET FOR ENTRY*****

PRE-NEED CEMETERY CONTRACTS	INITIAL If applicable	AT-NEED CEMETERY CONTRACT	INITIAL If applicable	MEMORIAL/HEADSTONE PAPERWORK	INITIAL If applicable
File & Ledger		File & Ledger		File & Ledger	
Copy of Money (receipt, cc receipt, check)		Copy of Money (receipt, cc receipt, check)		Foundation Form	
Pre-need Trust Disclosure		Verification Form Flag/Sticker		Entered in Smartsheet	
DD214		Lettering Card for crypt/ niche door, add DOD's etc.		Photo Forms Enduring Images/Honor Life	
FSA Signature		Photo vase Emblem release form		Lettering Card to Add DOD's (for existing headstone)	
LeadTrak		DD214		Copy of Honor Life Layout (from file to add DOD's)	
Email		FSA Signature			
		IF BALANCE OWED FROM PN PLEASE CHECK ACCT. FOR AUTO PAY TO ADVISE ADMIN. TO CANCEL FUTURE PAYMENTS			

ARCHDIOCESE OF DENVER MORTUARY AT MOUNT OLIVET

12801 West 44th Avenue
Wheat Ridge, CO 80033

TEL (303) 425-9511
FAX (303) 424-5263
www.cfcscolorado.org

Preneed Trust Disclosure

A preneed contract, related trust, or assignment of the ownership or the benefits of a life insurance policy may be irrevocable. However, the contract buyer, or the person with the right of final disposition may, at any time before performance, transfer the funds or the assignment to another contract seller or general provider as required by applicable Colorado laws.

The contract buyer or, if the contract buyer has died, the person authorized to direct the disposition of the deceased contract buyer, may select another funeral provider to provide the prearranged funeral merchandise and services. If another provider is selected, the original preneed seller may retain up to 15% of the original preneed contract purchase price.

The following financial institution will be holding ALL preneed contract funds:

ClearPoint Federal Bank & Trust

One Forethought Center, Suite 201

Batesville, IN 47006

The contract buyer will be notified in writing within 60 days of the deposit into the above trust account.

If the contract buyer is not notified within 60 days of the initial deposit into trust account, please contact the commissioner of the Colorado Department of Regulatory Agencies below.

Department of Regulatory Agencies

1560 Broadway, Suite 110

Denver, CO 80202

I/We understand the Preneed Trust Disclosure and have received a copy of the disclosure:

Contract Buyer

Date

Contract Buyer

Date



Living Our Mission

CATHOLIC FUNERAL & CEMETERY SERVICES

ARCHDIOCESE OF DENVER MORTUARY AT MOUNT OLIVET

12801 West 44th Avenue
Wheat Ridge, CO 80033

TEL (303) 425-9511
FAX (303) 424-5263
www.cfcscolorado.org

Name _____

NON-GUARANTEED ITEMS: (Non-guaranteed items are incidental items of the funeral, whose prices are **not controlled** by the Archdiocese of Denver. The prices are set by outside businesses or entities and are quoted at today's prices. The amount of money you designate for the non-guaranteed items is placed in a trust or in an insurance funded plan and **may not** cover any significant increases in these items. Although, many families still elect to fund these items in advance to significantly reduce the burden to surviving family members at the time of death. It is very likely that paying for these items in advance will cover the largest portion of this liability.)

Typical Non-guaranteed Items:

- _____ 1) Honorarium for priest: **\$150.00 to \$300.00**
- _____ 2) Funeral notices in newspaper: **The current range is \$375.00 to \$1000.00. All charges are per day. (AVERAGE NOTICE \$375.00, which contains only the Name, Service dates, Spouses Names and number of children) \$75.00 base rate / \$21.00 per line**
- _____ 3) Death certificates: **\$20.00** (This price is for the original death certificate, Additional certified copies are **\$13.00** each per order.)
- _____ 4) Soloist: (The range is **\$100.00** and up.)
- _____ 5) Organist: (The range is **\$100.00** and up.)
- _____ 6) Sales Tax: **4.5%**
(Tax is calculated on the price of the casket, memorial book, service folders and acknowledgement cards.)
- _____ 7) Additional funds can be placed in the plan to pay for flowers, **Saturday mortuary charges** or other incidental items related to the funeral.

The counselor has explained the option of purchasing non-guaranteed items and I have chosen to decline them at this time unless indicated above.

The remaining balance of the funeral plan is due upon the death of the beneficiary.
The remaining balance of the plan must be remitted to the Funeral Director prior to services being rendered.

Customer Signature: _____ Date: _____

Exceptions are any items listed in the contract.



Living Our Mission

CATHOLIC FUNERAL & CEMETERY SERVICES
OF NORTHERN COLORADO

Payments to Start in:		
Day	Month	Year

For internal use only:	
<input type="checkbox"/>	New
<input type="checkbox"/>	Updated – If known, last 4 of previous card _____

Authorization for Recurring Payment

Payer Information:

FSA Name: _____

 Name on Card or Bank Account

 Billing Address City State Zip

 Phone Email

I, _____ hereby authorize the Archdiocese of Denver Mortuary at Mt. Olivet, Inc., the Mount Olivet Cemetery Association, Inc. and/or the St. Simeon Cemetery Association, Inc., as applicable, and each a Colorado Non-profit corporation, to initiate monthly recurring transactions as follows:

Contract	Amount	No. of Payments

Authorization for ACH Debit (Please provide a voided check):

 Depository/Bank Name

 Routing Number

 Account Number

 Monthly Amount

Payment Date (select one): ☐ 1st ☐ 20th

 Payer Signature

 Date

Payment will be initiated on either the 1st or the 20th of each month, as identified above; settlement will follow your banking institutions policies.

Authorization for Recurring Credit Card Charge:

☐ Visa ☐ MasterCard ☐ Discover

 Account Number

 Expiration Date

 Monthly Amount

 Payer Signature

 Date

Payment will be initiated on the last business day of the month; settlement will follow your banking institutions policies.