



# FUNERAL SERVICES BILLING

## PRIVACY ACT STATEMENT

Information collected on, and disclosed pursuant to, this document is collected pursuant to the Indian and Northern Affairs Canada (INAC) Social Development Policy and Procedures Manual, BC Region for the purpose of determining eligibility for assistance and will be maintained pursuant to the Privacy Act and described in the personal information bank INA-PPU-240. The accuracy of the information in this document may be checked by comparing it against information held by any federal or provincial department or agency or any private agency.

**Note to Service Provider:** Please complete sections A, B and C. Submit the signed **original** of this billing form (not a photocopy) and an **original** signed and numbered invoice (not a photocopy) to the local Administering Authority office that authorized the service. The Administering Authority shall complete section D.

Please complete in full.  
Please print clearly.

Administering Authority Name:	Number:
-------------------------------	---------

## SECTION A - INFORMATION ON SERVICE PROVIDER AND DECEASED

Name of Service Provider (Funeral Home, Cemetery, Crematorium)		
Address		Postal Code
Phone Number	Fax Number	Contact Person (Print Name)
Is billing to the Administering Authority for services relating to the late:	Name of Deceased	Date of Birth
Address		Date of Death
Name of Legal Representative (Print Name)		Date Service
Service Authorized by: Administering Authority Contact (Print Name)      Phone Number      Fax Number		

## SECTION B - SERVICES PROVIDED

List only those services that you are billing for.  
(See INAC BC Region Social Development Policy and Procedures Volume 1 at [www.fnsds.org](http://www.fnsds.org))

<b>Funeral Providers Basic Service Fee - \$1285</b> (for immediate disposition)	
<ul style="list-style-type: none"> <li>Transporting a deceased person's body within British Columbia within 32 km;</li> <li>Completing and filing the registration of death, obtaining a burial or cremation permit;</li> <li>Professional and staff services including counselling and co-ordination with legal representative of deceased, coordination with crematorium and cemetery;</li> <li>Preparing a deceased person's body for burial or cremation including basic sanitary care and casketing;</li> <li>Use of funeral home and equipment of a funeral provider including preparation room, refrigeration, parking and service areas;</li> <li>Transfer of the deceased from the funeral home to the cemetery or crematorium.</li> </ul>	
<b>Basic Disposition Fee (B1)    \$</b>	
<b>Other Items or Service Fee – up to \$815</b>	
(for additional services when requested by the family and agreed upon by the funeral service provider)	
• Co-ordination of bereavement rites and ceremonies.....	\$
• Attendance of staff for services and visitation.....	\$
• Preparation of the deceased including embalming, dressing, hairdressing.....	\$
• Use of funeral home or chapel facilities and equipment for memorial and funeral services.....	\$
<b>Total Other Items or Service Fees (B2)    \$</b>	
<b>Transportation (within BC only)</b>	
From 33 to 82 kms      _____      kms times \$1.00 km.....	\$
From 83 to 182 kms      _____      kms times \$.90 km.....	\$
Over 182 kms      _____      kms times \$.60 km.....	\$
<b>Total Transportation (B3)    \$</b>	
<b>Casket</b>	
<input type="checkbox"/> Cost of Imperial #2 HP cloth-covered casket, or	Factory invoiced cost .....
<input type="checkbox"/> Cost of equivalent casket: _____	Plus 20% .....
_____	Plus freight .....
	Plus cost for oversize remains.....
<b>Total Casket Fee (B4)    \$</b>	

**SECTION B (CONTINUED)**

<b>Burial Costs</b>		
Cost of burial plot.....	\$	
Grave opening and closing fees.....	\$	
Additional costs (grave liner, container, pouch -where required by cemetery).....	\$	
<b>Total Burial (B5)</b>	<b>\$</b>	
<b>Cremation Costs</b>		
Cremation fees.....	\$	
Urn (to a maximum of \$200).....	\$	
Cost of cremation plot.....	\$	
Grave opening and closing fees.....	\$	
Concrete grave liner (if required by cemetery).....	\$	
<b>Total Cremation (B6)</b>	<b>\$</b>	
The Administering Authority will pay only for the items and services listed in <b>Section B</b> .	Applicable Taxes (Consumer Protection BC Fee) \$	
<b>Total Amount of Billing \$</b>		
Signature of Service Provider	Print Name	Date Signed

**SECTION C – ADDITIONAL ITEMS AND SERVICES PURCHASED BY OTHER PARTIES**

Please provide a list of all additional items and services purchased by other parties.

**Note to Service Provider:** Funds from the estate, a spouse, or in the case of a minor, a parent, or in the case of a sponsored immigrant, a sponsor of the deceased person if used to upgrade goods or services purchased by the administering authority (such as urns, caskets and plots) will be deducted from the amount the administering authority would pay.

Casket upgrade (Purchaser and their relationship with the deceased: _____ )	\$
Flowers.....	\$
Honorariums for clergy and/or musicians.....	\$
Death certificates.....	\$
Memorial books and stationery.....	\$
Obituary notice.....	\$
Other: _____	\$

**NONE OF SECTION C ITEMS ARE ELIGIBLE TO BE PAID BY THE ADMINISTERING AUTHORITY**

Total amount of additional items paid by purchaser \$

**SECTION D – ADMINISTERING AUTHORITY AUTHORIZATION**

**Note to BSDW:** Please review the original invoice and amounts listed on this form to determine eligible expenses as per the policy, rates and procedures outlined in Chapter 11.7, Funeral Costs. The amounts and documentation will be verified during an income assistance program compliance review.

Payment of \$ \_\_\_\_\_ for **Section B** is approved based on the following reasons:

Deny the request of the legal representative based on the following reasons:

Signature of Administering Authority: \_\_\_\_\_

Print Name of Administering Authority: \_\_\_\_\_

Date Signed	Phone Number
-------------	--------------