

True Firm Name
True Firm Address
True Firm Phone

“CUSTOMER’S DESIGNATION OF INTENTIONS”

Name of Deceased: _____

Cremation: _____
(Schedule Date) (Location)

Manner of Disposition of Cremains:

{ } Burial at _____ { } Return to _____

{ } Entombment at _____ { } Other _____

Disposition of Cremains Designated by: _____

(Signature)

(Address)

(Phone)

“Cremains which shall not have been claimed within 120 days from the date of cremation may be disposed of by this firm, in the following manner of disposition _____.”

Name of Funeral Director
or Undertaker

Signature of Funeral Director
or Undertaker

Date

TO BE COMPLETED FOLLOWING CREMATION

RECEIPT

CREMAINS RECEIVED:
by

Print Name

Signature of Person

Date

(Location of Crematory)

(Manner of Disposition)

(Location)

(Date)

(Name of Person Making Disposition)

(Signature)

(Date)