"Customer's Designation of Intentions"

Name of Deceased: _____

Cremation: _____ (Scheduled Date) _____ (Location)

Manner of Disposition of Cremains:

☐ Burial at _____

☐ Entombment at _____

_____

_____

☐ Return to (Specify person to receive cremains)

_____

☐ Other (specify):

_____

I hereby designate the Disposition of Cremains and acknowledge receipt of a copy of this form.

_____
(Signature)

_____
(Printed Name) (Relationship to Deceased)

_____
(Address)

_____

_____
(Telephone Number)

"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 _____

_____."

_____ _____ _____
Printed Name of Funeral Director or Undertaker | Signature of Funeral Director or Undertaker | Date

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TO BE COMPLETED FOLLOWING CREMATION AND DISPOSITION OF REMAINS

Cremation: _____ (Actual Date) _____ (Location of Crematory)

Disposition of Cremains: _____
(Manner of Disposition)

_____
(Location)

_____
(Date)

_____ _____ _____
Name of Person Making Dispositon | Signature | Date

I hereby acknowledge that on _____
Date

I took possession of the cremains of _____
(NAME OF DECEASED)

_____ _____
(SIGNATURE) (NAME OF PERSON RECEIVING CREMAINS)

White copy to Funeral Home — Yellow copy to family upon disposition — Pink copy to family upon initial arrangement

AP 27 – REV 4/05