

## RECEIPT OF CREMATED REMAINS / URN / KEEPSAKES

The Undersigned have been identified in Section 5 of a properly executed Cremation Authorization and Disposition Form as an individual who is authorized to pick-up the cremated remains of \_\_\_\_\_ (“Decedent”) and or the urn/keepsakes described as:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

Undersigned has provided photo identification in advance, as proof of their identity.

Undersigned hereby assumes full responsibility and liability of the decedent's cremated remains; releases said funeral home its agents, officers, and employees from any liability or responsibility and hereby holds said funeral home harmless from any physical or mental injury resulting from, due to or while the decedent's cremated remains are in their possession.

<u>NAME</u>	<u>RELATION</u>	<u>SIGNATURE</u> <small>(Do Not Sign Until Delivered)</small>	<u>DATE</u> <small>(Do Not Date Until Delivered)</small>

\_\_\_\_\_  
Funeral Home Representative

\_\_\_\_\_  
Date

