



Home Funerals & Life Celebrations

RELEASE OF CREMATED REMAINS

Disposition of the cremated remains of _____, a deceased person, shall be made as instructed below.

I wish the cremated remains to be released to the following named person (s).

Print Name

Print Name

Print Name

Print Name

I certify that I have received the cremated remains of the above named deceased person.

Signature _____

Print Name _____ Date _____

I have directed the scattering of the remains of the above named deceased person by A Sacred Moment, Inc. or other scattering service as described below.

Name of Scattering Service

Address

Description of Scattering service to be performed

I have directed the shipment of the cremated remains of the above named deceased person to the address recorded below.

Name

Mailing Address (Include City, State & Zip Code)

By initialing next to the appropriate box above and by my signature below I hereby certify that I have the right to direct the disposition of the remains of the above named deceased person. Additionally I understand that in the event that the cremated remains remain unclaimed for more than 90 days that I will be contacted by certified mail by the crematory at the address below. I will have 10 business days to claim the cremated remains or otherwise provide for their disposition. If I do not respond within the stated time period I hereby authorize A Sacred Moment, Inc. to make disposition of the cremated remains in any legal manner and within any time period it deems appropriate. I further understand that 30 days of cremated remains storage will be provided free of charge. Past the initial 30 days I will be charged and agree to pay a \$1.00 per day fee for storage until permanent disposition is made.

Signature _____ Print Name _____ Date _____