



BETH ABRAHAM MEMORIAL CHAPEL

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Phone: 212 757-6565 Fax: 212 245-6555

“Customer’s Designation of Intentions”

Name of Decesed : _____

Cremation: _____
(Scheduled Date) (Location)

Manner of Disposition of Cremains: _____

[] Burial at _____ [] Return to (Specify person to receive cremains)

[] Entombment at _____

_____ [] Other (specify): _____

I hereby designate the Disposition of Cremains

Urn(S): _____

_____ Signature: _____

Manuf.: _____ Printed Name: _____

(Relationship to Deceased)

Model: _____ 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

Signature of Funeral Director

Date

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 Disposition Signature Date

I hereby acknowledge that on _____
Date

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

(SIGNATURE)

(NAME OF PERSON RECEIVING CREMAINS)