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“Customer’s Designation of Intentions”

Name of Deceased : _____

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)