

199 Bleecker Street, New York, NY 10012 Phone: 212 614-2300 Fax: 212 254-3116

## "Customer's Designation of Intentions"

| Name of Decesed :                               |                          |                                          |                                    |  |
|-------------------------------------------------|--------------------------|------------------------------------------|------------------------------------|--|
| Cremation:                                      |                          |                                          |                                    |  |
| (S<br>Manner of Disposition of Crema            | Scheduled Date)<br>ains: | (Lo                                      | cation)                            |  |
| [ ] Burial at                                   |                          | [ ] Return to (Specify person            | to receive cremains)               |  |
| ] Entombment at                                 |                          |                                          |                                    |  |
|                                                 |                          | [ ] Other (specify):                     |                                    |  |
|                                                 |                          | by designate the Disposition of Cremains |                                    |  |
| Jrn(S):                                         |                          |                                          |                                    |  |
|                                                 |                          | Signature:                               |                                    |  |
| Manuf.:                                         | nuf.: Printed            |                                          | ed Name:(Relationship to Deceased) |  |
| Model:                                          |                          | (Relationship to Deceased) Address:      |                                    |  |
|                                                 |                          |                                          |                                    |  |
| Drinted Name of Fancyal D                       |                          | Signature of Funeral Director            |                                    |  |
| Printed Name of Funeral Director                |                          | •                                        |                                    |  |
|                                                 | JMPLETED FOL             | LOWING CREMATION AND DISPOSIT            | ION OF REMAINS                     |  |
| Cremation:(Actual Date Disposition of Cremains: | ite)                     | (Location of Crematory)                  |                                    |  |
|                                                 | (Manner of Dispo         | sition)                                  |                                    |  |
|                                                 | (Location)               |                                          |                                    |  |
|                                                 | (Date)                   |                                          |                                    |  |
| Name of Person Making Disposition               |                          | Signature                                | Date                               |  |
| hereby acknowledge that on _                    |                          |                                          |                                    |  |
| took possession of the cremain                  | Date ns of               |                                          |                                    |  |
|                                                 |                          |                                          |                                    |  |
|                                                 |                          | (NAME OF DECEASED)                       |                                    |  |