



199 Bleecker Street, New York, NY 10012
Phone: 212 475-2024 Fax: 212 475-2087

“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)