

DIRECTIVE FOR RELEASE OF CREMATED REMAINS

Name of deceased: _____ Date of death: _____

The undersigned represents and warrants to be the next of kin to the decedent or the person(s) with the legal right and authority by law to control the disposition of the above-named decedent and directs the funeral home to release the cremated remains to the following people only: .

Name: _____ Relationship to the Deceased: _____

Name: _____ Relationship to the Deceased: _____

Name: _____ Relationship to the Deceased: _____

The undersigned understand the funeral home can only release or deliver the cremated remains to the person(s) specified in this directive and any changes to this directive must be made in writing by the next of kin or by the person(s) with the legal right of disposition.

The undersigned releases and discharges the funeral home, its affiliates, officers, directors, employees and agents from any and all liabilities, claims, losses, damages, costs, or causes of actions arising or relating in any manner from the release of cremated remains to any or all of the persons listed above.

Signed this ____ day of _____, 20__ at _____.

Signature: _____

Relationship to the Deceased: _____

Signature: _____

Relationship to the Deceased: _____

Representative of Funeral Home: _____