

URN CAPACITY DISCLOSURE

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 has selected the following cremated remains container to hold the cremated remains of the above-named decedent:

Description of urn: _____

The undersigned acknowledges there can be instances when the urn capacity is insufficient to hold/accommodate all of the cremated remains of the deceased. It is understood and agreed any amount of cremated remains that does not fit into the cremated remains container listed above because of insufficient capacity will be placed in a different and additional cremated remains container. Both containers will be returned to the undersigned or their designated representative.

The undersigned hereby 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 cremated remains not fitting into one cremated remains container or from the use of a different and additional urn to hold the cremated remains.

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

Signature: _____

Relationship to the Deceased: _____

Signature: _____

Relationship to the Deceased: _____

Representative of Funeral Home: _____