CADY CREMATION SERVICES LLC
RELEASE OF CREMATED REMAINS

_____
Name of Deceased
Cremation Disk # _____

☐ I wish the cremated remains to be released to the following named person (s).

Print Name Print Name

Print Name Print Name

Print Name Print Name

I certify that I have received the cremated remains of the above named deceased person.

Signature

Print Name Date

Death Certificates Released to: _____ **Date**: _____ **Quantity**: _____

Other Method of Disposition

☐ **SCATTERING** ☐ **MAILING** ☐ **CEMETERY**

Name of Person or Place receiving Cremated Remains

Address

By initialing next to the appropriate box above and by my signature below I hereby certify that I have the right to direct the disposition of the remains of the above named deceased person. Additionally I understand that in the event that the cremated remains remain unclaimed for more than 90 days that I will be contacted by certified mail by the crematory at the address below. I will have 10 business days to claim the cremated remains or otherwise provide for their disposition. If I do not respond within the stated time period I hereby authorize Cady Cremation Services to make disposition of the cremated remains in any legal manner and within any time period it deems appropriate. I further understand that 30 days of cremated remains storage will be provided free of charge. Past the initial 30 days I will be charged and agree to pay a $1.00 per day fee for storage until permanent disposition is made.

Signature Print Name Relationship to Deceased Date

Witnessed By:

Signature Print Name Relationship to Deceased Date