

**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 Phone Number

Print Name Phone Number

Print Name Phone Number

I certify that I have received the cremated remains of the above named deceased person. (Sign when picking up urn or Death Certificates only)

Signature

Print Name Date

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

.....
Other Method of Disposition (Mark only if Funeral Home is performing the task)

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