

## DIRECTION FOR DISPOSITION OF CREMATED REMAINS OTHER THAN SCATTERING OF 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 legal right and authority by law to control the disposition of the above-named decedent.

The undersigned direct the funeral home to dispose of the cremated remains in the following manner: (describe and give details of disposition)

Burial in \_\_\_\_\_

Entombment in \_\_\_\_\_

Placement in Cemetery \_\_\_\_\_

Other disposition (other than scattering) \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The undersigned agree that the obligation of the funeral home is limited to the disposition of the cremated remains as directed on this form. Further, the undersigned agree to release and forever discharge the funeral home, its officers, affiliates, employees, agents, and representatives from any and all liabilities, losses damages, injures, known and unknown, claims of mental or physical distress or anguish, that may result from disposition of the cremated remains as directed above.

Signed: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_

Representative of the Funeral Home: \_\_\_\_\_