

**GENERAL RECEIPT OF DECEDENT/CREMATED REMAINS
FROM FUNERAL HOME**

Name of Deceased: _____ Date of death: _____

Name of Person and/or Company Receiving Deceased from the funeral home:

Relationship to Deceased: _____

Address: _____

_____ Telephone #: _____

The recipient named above, acknowledges and warrants that the funeral homes released custody of the decedent on date and time herein listed. The decedent was received in the following condition:

What type of casket/container is decedent in: _____

What type of urn is decedent in: _____

Signed: _____ day of _____ 20____, at _____

Signature of recipient: _____

Print Name: _____ Relationship: _____

Representative of the Funeral Home: _____