

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 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: _____ Material of urn: _____

The undersigned acknowledges that 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 an amount of cremated remains that does not fit into the cremated remains container listed above because of insufficient capacity, will be placed and container in a different and additional cremated remains container at the families expense. Both containers will be returned to the undersigned or their designated representative.

The undersigned hereby releases and discharges the funeral home, it affiliates, officers, directors, employees and agents from any and all liabilities claims, losses, damages, costs, or causes or actions arising or relating in any manner from the cremated remains not fitting into one container or from the use of a different and additional urn to hold the cremated remains.

Signed: _____ day of _____ 20____, at _____

Signature: _____ Relationship: _____

Signed: _____ day of _____ 20____, at _____

Signature: _____ Relationship: _____

Signed: _____ day of _____ 20____, at _____

Signature: _____ Relationship: _____

Signed: _____ day of _____ 20____, at _____

Signature: _____ Relationship: _____

Signed: _____ day of _____ 20____, at _____

Signature: _____ Relationship: _____

Representative of the Funeral Home: _____