

Clarity Funerals & Cremation
Disposition Authorization
RELEASE OF CREMATED REMAINS

The Decedent: _____

Disposition of the cremated remains of The Decedent shall be made as instructed

IN PERSON RELEASE OF REMAINS:

I wish that the cremated remains to be released to the following person(s):

INITIAL			
	Name		Phone
	Name		Phone

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 decedent. Additionally, I understand that, if the cremated remains remain unclaimed for more than 90 days, I will be contacted by certified mail at the address above. 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 Elemental Cremation & Burial 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.

SIGN

 AUTHORIZED AGENT: _____

To be completed upon receipt of the remains

I certify that I have received:

_____ the cremated remains of the above-named decedent.

_____ Certified Copies of the death certificate _____ (#)

Signature: _____ Date/Time: _____

Print Name/phone: _____ Identification: _____

Released By (initials): _____