
DIRECTIONS FOR DISPOSITION OF CREMATED REMAINS

Name of Deceased _____ Date of Death _____

_____ All Texas Cremation _____ (hereinafter referred to as the "Funeral Home"), is hereby authorized and directed to make the following disposition of the cremated remains of the above named deceased.

- a) Deliver cremated remains to _____
Arrangements have been made with them for disposition of the cremated remains.
- b) Notify _____ Phone (____) ____ - ____
when the cremation process is completed and the cremated remains are ready to be released. Cremated remains are to be picked up from _____ All Texas Cremation _____
by _____ who is authorized to receive the cremated remains.
- c) Ship cremated remains via U.S. Postal Service "Registered Mail" to the following:
Name (L2) _____ Name (L1) _____
Address (L3) _____ Phone (____) ____ - ____
City (L4) _____ State _____ Zip _____
- d) Other _____

Container Selected TCC (temporary container) Urn (describe) _____

Special Instructions _____

Authorized by:
Signature &
Print/Type Name _____ Relation _____ Date _____

RECEIPT OF CREMATED REMAINS

I hereby acknowledge receipt of the cremated remains of the above named deceased from the above Funeral Home. I am the person authorized above to receive and receipt for these cremated remains. I hereby agree to release said Funeral Home of any and all claims for cost or damages by reason of their delivery.

Container(s) Received - # _____ TCC Urn (describe) _____

Comments _____

Received by:
Signature &
Print/Type Name _____ Relation _____ Date _____

Identification _____ Time _____

Verified & Released by _____ ID Disk # _____
