



RECEIPT FOR CREMATED REMAINS

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Name of Deceased

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Printed name of person authorized to receive cremains

**Cremated Remains Received By:**

X. \_\_\_\_\_  
Signature of person authorized to receive cremains                      Date

**Cremated Remains Released By:**

X. \_\_\_\_\_  
Signature of Licensee or licensee's representative                      Date

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Printed name of licensee or licensee's representative