

# RECEIPT AND AUTHORIZATION OF CREMATED REMAINS FOR FINAL DISPOSITION

## RIGHT TO CONTROL

\_\_\_\_\_ (“Cemetery”) hereby acknowledges receipt of the cremated remains of  
\_\_\_\_\_ (“Decedent”), in the urn/receptacle identified as

\_\_\_\_\_ (“Urn”) from the following individual (“Undersigned”):

Authorizing Agent

*This person represents that they have the highest authority to control the final disposition, including burial/inurnment/scattering of the Decedent’s cremated remains and there is no other individual who has the right to control.*

Funeral Home

*The Funeral Home represents that they have authority and authorization from the authorizing agent to control the final disposition, including burial/inurnment/scattering of the Decedent’s cremated remains.*

Holder of Cremated Remains

*This person has ownership/custody of the cremated remains of Decedent and represents that they know of no other person who would object to the final disposition, including burial/inurnment/scattering of the Decedent’s cremated remains.*

## DOCUMENTATION

Cemetery requires certain documentation for the burial / inurnment / scattering of the cremated remains which may include(s) the following:

Completed Cremation Authorization and Disposition Form

Cremation Certificate

Personal Documentation from Decedent (i.e. Appointment of Representative or Will)

## FINAL DISPOSITION

By signing below, the Undersigned hereby authorizes the Cemetery to carry out the final disposition of the Urn in the following manner:

Burial (Lot \_\_\_\_\_ Section \_\_\_\_\_ Grave \_\_\_\_\_ Other \_\_\_\_\_)

Inurnment (Columbarium \_\_\_\_\_ Section \_\_\_\_\_ Space \_\_\_\_\_ Other \_\_\_\_\_)

Scattering (Garden \_\_\_\_\_ Location \_\_\_\_\_ Other \_\_\_\_\_)

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## TRANSFER

By initialing below, the Undersigned hereby authorize the Cemetery to transfer the cremated remains of the Decedent in the following manner(s):

\_\_\_\_\_ Cemetery shall open and transfer the Decedent's cremated remains into the following urn/container:

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\_\_\_\_\_ Cemetery shall inter/entomb Decedent's cremated remains into the location described above in Final Disposition.

\_\_\_\_\_ Cemetery shall releases Decedent's cremated remains in such described containers to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Container: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Container: \_\_\_\_\_

## AUTHORIZATION

The Undersigned acknowledges that the Cemetery is relying upon the representations and certifications being made by them in this Receipt and Authorization. The Undersigned certifies that all of the information and statements contained in this Receipt and Authorization are accurate, including that the cremated remains described above are in fact those cremated remains and no other cremated remains or personal property, and no omissions of any material fact have been made. The Undersigned agrees to defend, indemnify and hold harmless the Cemetery, and its officers, directors, employees, and agents from any claim, cause of action, cost or expense, including, but not limited to, any legal fees, arising out of or resulting from the Cemetery's reliance on or performance consistent with the directions, statements, representatives, and agreements contained in this Receipt and Authorization.

\_\_\_\_\_  
*Undersigned – Print Name*

\_\_\_\_\_  
*Undersigned – Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Cemetery Representative*

\_\_\_\_\_  
*Date*