



1289 Forest Avenue Staten Island, NY 10310
(718) 887-8168

“CUSTOMER’S DESIGNATION OF INTENTIONS”

Name of Deceased: _____

Cremation: _____
(Schedule Date) (Location)

Manner of Disposition of Cremains:

- Burial at: _____ Return to: _____
 Entombment at: _____ Other: _____

Disposition of Cremains Designated by: _____
(Signature)

(Address)

(City) (State) (Zip)

(Phone)

Cremains which shall not have been claimed within 120 days from the date of cremation may be disposed of by this firm, in an irretrievable manner.

(Name of Funeral Director or Undertaker) (Signature of Funeral Director or Undertaker) (Date)

TO BE COMPLETED FOLLOWING CREMATION

RECEIPT

<p>CREMAINS RECEIVED: by</p> <p>_____ Print Name</p> <p>_____ Signature of Person</p> <p>_____ Date</p>
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