

Final Disposition of Cremated Remains

Premier Mortuary Services
 1410 7th St, Suite D2
 Marysville, WA 98270
 425-610-4161
 888-960-7634

Date: _____

Case Number: _____

This Authorizes the final disposition of the cremated remains of _____
 Who Died on _____ at _____

The undersigned has been appointed by all the person having authority over the remains of the deceased, to give direction regarding the final disposition of the cremated remains. The undersigned represents and warrants that there is no living person having prior rights to control disposition of the remains other than those who have signed the "Authorization for Cremation" form, the original of which is in decedent folder.

The cremated remains (Please select one) Are not to be divided Are to be divided as following

Portion 1	Portion 2	Portion 3
Urn: _____	Urn: _____	Urn: _____
Provided by: Family Date/time	Provided by: Family Date/time	Provided by: Family Date/time
Sealed: yes no	Sealed: yes no	Sealed: yes no
Notes: _____	Notes: _____	Notes: _____

_____ Urn(s) to be present for Service: _____

_____ Place: _____ Date/Time of Service _____

_____ Hold in _____ Funeral Home for return to the family. Funeral home is authorized to release the cremated remains to the following individuals upon presentation of picture identification. If there are multiple urns, please indicate any direction of the release of the runs to specific individuals. Please include instructions as necessary.

1. _____
2. _____
3. _____

_____ Mail Portion by USPS to: _____

Family Member: _____ Signature: _____ Date: _____

Premier Rep: _____ Signature: _____ Date: _____