Funeral Home: _____

Address : _____

Phone Number : _____

"CUSTOMER'S DESIGNATION OF INTENTIONS"

Name of Deceased: _____

Cremation: _____ Traub Crematorium, Central Square, NY
(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

CREMAINS RECEIVED:
by

_____
Print Name

_____
Signature of Person

_____
Date

_____
(Location of Crematory)

_____
(Manner of Disposition)

_____
(Location)

_____
(Date)

_____
(Name of Person Making Disposition)

_____ _____
(Signature) (Date)