FUNERAL HOME_____

ADDRESS _____

PHONE _____

"Customer's Designation of Intentions"

Name of Deceased: _____

Cremation: _____ Chenango Valley Crematorium, Inc.,
(Scheduled Date) 3 Preston St., Earlville, NY 13332

Manner of Disposition of Cremains:

[ ] Burial at _____

[ ] Entombment at _____

_____

_____

[ ] Return to (Specify person to receive cremains)

_____

[ ] Other (Specify):

_____

I hereby designate the Disposition of Cremains and acknowledge receipt of a copy of this form.

_____
(Signature)

_____
(Printed Name)

_____
(Address)

_____

_____
(Telephone Number)

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

Printed Name of Funeral Director or Undertaker	Signature of Funeral Director or Undertaker	Date
_____	_____	_____

TO BE COMPLETED FOLLOWING CREMATION AND DISPOSITION OF REMAINS

Cremation: _____ Chenango Valley Crematorium, Inc., 3 Preston St., Earlville, NY 13332
(Actual Date)

Disposition of Cremains: _____
(Manner of Disposition)

_____
(Location)

_____
(Date)

Name of Person Making Disposition	Signature	Date
_____	_____	_____

I hereby acknowledge that on _____ I took possession of the cremains of _____.
(Date) (NAME OF DECEASED)

(SIGNATURE)	(NAME OF PERSON RECEIVING CREMAINS)
_____	_____