



729 N. US Hwy 31 • Whiteland, IN 46184
Ph (317) 535-6880 • Fax (317) 535-6881
Email info@pillarscremationservice.com

Cremation # _____

Decedent Delivery Receipt

Date of Delivery: _____ Time of Delivery: _____ AM / PM

Name of Decedent: _____

Cremation Container: _____

Delivering Funeral Home: _____

Funeral Home Representative: _____

Signature of Funeral Home Representative: _____

Crematory Representative: _____

Signature of Crematory Representative: _____

PILLARS CREMATION SERVICE

Cremated Remains Release

Date of Release: _____ Time of Release: _____ AM / PM

Name of Decedent: _____

Urn / Temporary Container: _____

Funeral Home Released to: _____

Funeral Home Representative: _____

Signature of Funeral Home Representative: _____

Crematory Representative: _____

Signature of Crematory Representative: _____