



6904 S. East St. Ste E. Indianapolis, IN 46227

Phone: (317)-361-4516

RECEIPT FOR CREMATED REMAINS

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Name of Deceased

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Printed name of person authorized to receive cremains

**Cremated Remains Received By:**

X.

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Signature of person authorized to receive cremains

Date

**Cremated Remains Released By:**

X.

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Signature of Licensee or licensee's representative

Date

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Printed name of licensee or licensee's representative