

6904 S. East St. Ste E. Indianapolis, IN 46227
Phone: (317)-361-4516

RECEIPT FOR CREMATED REMAINS

Name of Deceased

Printed name of person authorized to receive cremains

Cremated Remains Received By:

X. _____

Signature of person authorized to receive cremains Date

Cremated Remains Released By:

X. _____

Signature of Licensee or licensee's representative Date

Printed name of licensee or licensee's representative