

**RECEIPT FOR CREMATED REMAINS**

YOUR DBA NAME  
PHYSICAL LOCATION ADDRESS

\_\_\_\_\_  
Name of Deceased

\_\_\_\_\_  
Printed name of person authorized to receive cremains

**Cremated Remains Received by:**

**X** \_\_\_\_\_  
Signature of person authorized to receive cremains      Date received

**Cremated Remains Released by:**

\_\_\_\_\_  
Signature of licensee or licensee's representative      Date released

\_\_\_\_\_  
Printed name of licensee or licensee's representative

**RECEIPT FOR CREMATED REMAINS**

YOUR DBA NAME  
PHYSICAL LOCATION ADDRESS

\_\_\_\_\_  
Name of Deceased

\_\_\_\_\_  
Printed name of person authorized to receive cremains

**Cremated Remains Received by:**

**X** \_\_\_\_\_  
Signature of person authorized to receive cremains      Date received

**Cremated Remains Released by:**

\_\_\_\_\_  
Signature of licensee or licensee's representative      Date released

\_\_\_\_\_  
Printed name of licensee or licensee's representative