

COXE & GRAZIANO FUNERAL HOME

767 East Boston Post Road
Mamaroneck, New York 10543
(914) 698-5968

“Customer’s Designation of Intentions”

Name of Deceased: _____

Cremation: _____
(Scheduled Date) (Location)

Manner of Disposition of Cremains:

Burial at _____ Return to (Specify person to receive cremains)

Entombment at _____

Other (specify): _____

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

(Signature)

(Printed Name)

(Relationship to Deceased)

(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: _____
(Actual Date) (Location of Crematory)

Disposition of Cremains: _____
(Manner of Disposition)

(Location)

(Date)

Name of Person Making Dispositon

Signature

Date

I hereby acknowledge that on _____
Date

I took possession of the cremains of _____
(NAME OF DECEASED)

(SIGNATURE)

(NAME OF PERSON RECEIVING CREMAINS)