

1283 Coney Island Avenue • Brooklyn, New York 11230 • 718-338-8080 • FittingTributeFunerals.com

## "Customer's Designation of Intentions"

Name of Deceased:				
Cremation:				
(Scheduled Date)  Manner of Disposition of Cremains:			(Location)	
[ ] Burial at			[ ] Return to (Specify persor	n to receive cremains)
[ ] Entombment at				
			[ ] Other (specify):	
I hereby de	signate the Dis	position of Cremains	and acknowledge receipt of a copy	of this form.
		(Signature)		
(Printed Name)		(Printed Name)		(Relationship to Deceased)
(Address)				
"Cremains which shall no firm, in the following man			days from the date of cremation	may be disposed of by this
Printed Name of Funeral Director or Undertaker		Si	gnature of Funeral Director or Undertaker	Date
TO BE COMPLETED FOLI	LOWING CREM	MATION AND DISP	OSITION OF REMAINS	
Cremation: (Actual Date) Disposition of Cremains:		(Loca	ation of Crematory)	
	(Manner of D	isposition)		
	(Location)			
	(Date)			
Name of Person Making Disposition			Signature	Date
I hereby acknowledg	e that on			्रव्याप छ
I took possession of the cremains of		Date		
ifes.			(NAME OF DECEASED)	
(SIGNATURE)			(NAME OF PERSON RECEIVING CREMAINS)	