

**CADY CREMATION SERVICES LLC
RELEASE OF CREMATED REMAINS**

Disposition of the cremated remains of _____, a deceased person, shall be made as instructed below.

I wish the cremated remains to be released to the following named person (s).

Print Name

Print Name

Print Name

Print Name

I certify that I have received the cremated remains of the above named deceased person.

Signature

Print Name

Date

I have directed the scattering of the remains of the above named deceased person by Horizon Services LLC or other scattering service as described below.

Name of Scattering Service

Address

Description of Scattering service to be performed

I have directed the shipment of the cremated remains of the above named deceased person to the address recorded below.

Name

Mailing Address (Include City, State & Zip Code)

By initialing next to the appropriate box above and by my signature below I hereby certify that I have the right to direct the disposition of the remains of the above named deceased person. Additionally I understand that in the event that the cremated remains remain unclaimed for more than 90 days that I will be contacted by certified mail by the crematory at the address below. I will have 10 business days to claim the cremated remains or otherwise provide for their disposition. If I do not respond within the stated time period I hereby authorize Horizon Services Cremation to make disposition of the cremated remains in any legal manner and within any time period it deems appropriate. I further understand that 30 days of cremated remains storage will be provided free of charge. Past the initial 30 days I will be charged and agree to pay a \$1.00 per day fee for storage until permanent disposition is made.

Signature

Print Name

Date