



2819 HYLAND BOULEVARD, STATEN ISLAND, NY 10306  
TEL: (718) 315-5858 FAX: (718) 315-8270

**“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 be claimed within 120 days from the date of cremation may be disposed of by this firm, in the following manner of disposition: Scatter at Sea.**

\_\_\_\_\_  
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 Disposition Signature Date

I hereby acknowledge that on \_\_\_\_\_  
(Date)

I took possession of the cremains of \_\_\_\_\_  
(NAME OF DECEASED)

\_\_\_\_\_  
(SIGNATURE) (NAME OF PERSON RECEIVING CREMAINS)

**(Print three copies of this document for original signatures)**