

# **Receipt of Remains**

Name of Crematory  
Street Address  
City, State, Zip  
License #  
Crematory Operator in Charge of Crematory

Full name of decedent: \_\_\_\_\_

Date of death: \_\_\_\_\_

Name of delivering funeral home: \_\_\_\_\_

Name of individual delivering deceased: \_\_\_\_\_

Date of delivery: \_\_\_\_\_

Time of delivery (indicate a.m. or p.m.): \_\_\_\_\_ a.m or p.m. (circle one)

Name of crematory employee receiving deceased: \_\_\_\_\_

\_\_\_\_\_  
Pursuant to K.A.R. 63-7-2:

A copy of this receipt shall be provided to the individual delivering remains to the crematory at the time of delivery.

A copy of this receipt should be retained by the crematory/crematory operator in charge and placed in the permanent records of the crematory.

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