

Release of Cremated 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 receiving funeral home: _____

Name of individual receiving cremated remains: _____

Signature of individual receiving cremated remains: _____

Date of receipt: _____

Time of receipt (indicate a.m. or p.m.): _____ a.m or p.m. (circle one)

Name of crematory employee releasing cremated remains: _____

Identification number of deceased: _____

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

A copy of this receipt shall be provided to the individual receiving cremated remains by the crematory operator upon release of the cremated remains.

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