

JOHN J. FERRY & SONS, INC.

Funeral Home

88 East Main Street

Meriden, CT 06450

(203) 235-3338

“Designation of Intentions for Cremated Remains”

Name of Deceased _____

Cremation: _____
(Scheduled Date) (Name of Crematorium)

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 & acknowledgment receipt of a copy of this form

Signature:

Printed Name & Relationship

“Cremains which shall not have been claimed within 180 days from the date of cremation may be disposed by the firm in the

following manner of disposition _____

Signature of Funeral Director:

TO BE COMPLETED FOLLOWING CREMATION & DISPOSITION OF CREMAINS

Disposition of Cremains: _____ Cremation No. _____

Location _____

Name of Person Making Disposition:

Signature:

I hereby acknowledge that on ____ / ____ / ____ I took possession of the cremains
of _____

Signature:

White copy to family upon initial arrangement – Yellow copy to Funeral Home – Pink copy to Reg. of Vital Statistics
CT Town or City of Death upon disposition