



FUNERAL HOME

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LICENSED FUNERAL DIRECTORS
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CUSTOMER'S DESIGNATION OF INTENTIONS

Name of Deceased: \_\_\_\_\_

Cremation: \_\_\_\_\_ (Schedule Date) \_\_\_\_\_ (Location)

Manner of Disposition of Cremains:

- Burial at: \_\_\_\_\_ Return to: \_\_\_\_\_
Entombment at: \_\_\_\_\_ Other: \_\_\_\_\_

Disposition of Cremains Designated by: \_\_\_\_\_ (Signature)
\_\_\_\_\_ (Address)
\_\_\_\_\_ (City) (State) (Zip)
\_\_\_\_\_ (Phone)

"Cremains which shall not have been claimed within 120 days from the date of cremation may be disposed of by this firm, in the following manner of disposition: Burial."

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
(Name of Funeral Director or Undertaker) (Signature of Funeral Director or Undertaker) (Date)

TO BE COMPLETED FOLLOWING CREMATION

RECEIPT
CREMAINS RECEIVED:
by
Print Name
Signature of Person
Date

\_\_\_\_\_, \_\_\_\_\_ (Location of Crematory)
\_\_\_\_\_, \_\_\_\_\_ (Manner of Disposition)
\_\_\_\_\_, \_\_\_\_\_ (Location)
\_\_\_\_\_, \_\_\_\_\_ (Date)
\_\_\_\_\_, \_\_\_\_\_ (Name of Person Making Disposition)
\_\_\_\_\_, \_\_\_\_\_ (Signature) (Date)