



Puente & Sons Funeral Chapels

RECEIPT OF: _____ **DOD** _____

[] CREMATED
REMAINS: _____ DATE ____ / ____ / 2008 _____
Signature/Relationship

**Funeral Home Rep. _____ date _____ Time _____

[] DEATH
CERTIFICATE: _____ DATE _____
Signature/Relationship

**Funeral Home Rep: _____ date _____ Time _____

[] OTHER: _____ FLAG _____

**Funeral Home Rep: _____ date _____ Time _____

BALANCE DUE: \$ _____

RELEASE OF CREMATED REMAINS OR DEATH CERTIFICATES:

Funeral home will hold the cremated remains for removal and is authorized to release the cremated remains and/or death certificates to only those listed below with picture ID. We further state there will **no** exceptions, and we apologize for any inconvenience this may cause.

Printed Name/Names Signature

Printed Name/Names Signature

PHONE: # _____

NOTES:

Cremation letter received by: _____

It is agreed that if disposition of the cremated remains are not specified, then it is agreed that if they are not claimed within **thirty (30)** days, they may be disposed of in a suitable manner by Puente & Sons Funeral Chapels.

PRINTED SIGNATURE DATE

WITNESS: _____

PRINTED SIGNATURE DATE

PICTURE ID IS REQUIRED TO RELEASE