RECEIPT OF HUMAN REMAINS FROM THE FUNERAL HOME

1. **PARTIES, RECEPTACLE, and TIME OF TRANSFER**

FUNERAL HOME:_____

DECEDENT:_____

RECIPIENT:_____

RECIPIENT'S RELATIONSHIP TO DECEDENT:_____

RECEPTACLE:_____
(identify the receptable that contains the human remains to be transferred)

DATE OF RECEIPT:_____ TIME:_____ AM/PM

2. **RECEIPT OF HUMAN REMAINS**

The RECIPIENT agrees and acknowledges that the FUNERAL HOME transferred the remains of the DECEDENT to the RECIPIENT at the time and date noted above. RECIPIENT further agrees and acknowledges that they have positively identified the remains as those of the DECEDENT.

3. **LEGAL AND PHYSICAL TRANSFER AGREED TO**

The RECIPIENT agrees and acknowledges that the legal and physical transfer of the DECEDENT from the FUNERAL HOME to the RECIPIENT is complete and that the FUNERAL HOME has no further obligations regarding the remains of the DECEDENT.

Date:_____ x_____
RECIPIENT