

Cremation Society of Kentucky

4059 Shelbyville Road
Louisville, KY 40207

Release of Cremated Remains for Mailing

I/We, _____, hereby state that the cremated remains of _____ are to be released for shipment through United States Postal Service Express Mail to the following mailing address:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

I/We, assume all liability and all damages including loss that may arise from any case growing out of said delivery or shipment thereof; and hereby release the Cremation Society of Kentucky from all liability that may attach thereto by reason of said delivery or shipment.

Authorized Agent(s) Signature:

Signature: _____ Print Name: _____ Date: _____

Signature: _____ Print Name: _____ Date: _____

Signature: _____ Print Name: _____ Date: _____

(To be completed by Notary Public)

State of _____ County of _____

Subscribed, sworn to and acknowledged before me, a Notary Public, by _____,
this _____ day of _____, 20____. My commission expires _____.

ID# _____

Notary's Signature

Email: kcollier@kycremation.com

OR

Fax: (502) 899-1517