

Cremation Society of Kentucky
4059 Shelbyville Road
Louisville, KY 40207

Release of Cremated Remains

I/We _____
Print Name Signature

Print Name Signature

Print Name Signature

Print Name Signature

as Authorizing Agents, state that the cremated remains of

_____ are to be released (**with proper identification**) to:

Name of the Deceased

Print Name Print Name

Print Name Print Name

Cremated Remains Released To

I hereby state that I received the cremated remains of _____
Name of Deceased
from the Cremation Society of Kentucky.

Signature of Recipient Print Name

Date Time Funeral Director

Email: kcollier@kycremation.com

OR

Fax: (502) 899-1517