

CASCADIA CREMATION & BURIAL SERVICES, INC.
6303 E. 18th Street, Ste A, Vancouver, WA 98661
Phone: 360-213-2060 Fax: 360-213-2062

**CREMATION CONTAINER/RECEPTACLE SELECTION
AND AUTHORIZATION FOR THE RELEASE OF CREMAINS**

I, _____ bearing the relationship of _____
And having the legal authority do hereby select the following cremation container and
Receptacle to hold the remains and cremains of _____.

1. Cremation Container _____

2. Cremain Receptacle _____

I, having the legal authority, do hereby authorize Cascadia Cremation and Burial
Services, Inc. to release the cremains of _____ to
_____.

Name and Address of person(s) giving authorization:

Name and Address of person or entity authorized to receive cremains:

Signature of Person Selecting/Authorizing

Date

Signature of Person/Entity Receiving Cremains

Date Cremains Released

Signature of Funeral Director