

# Zion Memorial Chapel

785 E. Boston Post Rd.

Mamaroneck, NY 10543

Phone: (914) 381-1809 • Fax: (914) 698-3828

## “CUSTOMER’S DESIGNATION OF INTENTIONS”

Name of Deceased: \_\_\_\_\_

Cremation: \_\_\_\_\_  
(Schedule Date) (Location)

Manner of Disposition of Cremains:

Burial at: \_\_\_\_\_  Return to: \_\_\_\_\_

Entombment at: \_\_\_\_\_  Other: \_\_\_\_\_

Disposition of Cremains Designated by: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Phone)

“Cremains which shall not have been claimed within 120 days from the date of cremation may be disposed of by this firm, in the following manner of disposition: Scattered.”

\_\_\_\_\_  
(Name of Funeral Director or Undertaker) (Signature of Funeral Director or Undertaker) (Date)

## TO BE COMPLETED FOLLOWING CREMATION

### RECEIPT

CREMAINS RECEIVED:  
by

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Location of Crematory)

\_\_\_\_\_  
(Manner of Disposition)

\_\_\_\_\_  
(Location)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Person Making Disposition)

\_\_\_\_\_  
(Signature) (Date)