

Magnolia Funeral Home

1604 Magnolia Street
Alexandria, LA 71301
(318) 487-1197 Fax: (888) 288-3176

Release of Cremains Form

I/We, _____,

hereby state that the cremated remains of _____

are to be released **ONLY to the person(s) listed here:** _____

_____ who must present proper pictured identification when picking up the cremains.

*If you choose for the cremains to be shipped, list the mailing address below: ***Additional fees apply for shipping.**

Shipping Address: _____

Next of Kin/Beneficiary/Purchaser:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(This section below is to be signed when picking up cremains at Funeral Home)

Cremains Released to:

I hereby state that I received the cremated remains of _____
from Magnolia Funeral Home, Alexandria.

Signature: _____ Date: _____ Time: _____

F. H. Staff Signature: _____ Date: _____ Time: _____