

A Better Place Funeral & Cremation Service  
7261 Washington St. Denver, CO 80229

303-657-5989 FAX 720-510-2911

**Release of Cremains Form**

I/We, \_\_\_\_\_, hereby state that the  
cremated remains of \_\_\_\_\_ are to be released to  
\_\_\_\_\_, 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family/ Beneficiary Signature:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(This section to be filled out by Funeral Home)

**Cremains Release to:**

I hereby state that I received the cremated remains of \_\_\_\_\_  
From A Better Place Funeral & Cremation Service in Denver, Colorado

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Funeral Home Staff:**

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_