



8972 SW Tualatin Sherwood Rd
Tualatin, OR 97062
Office: 503-445-9510

Release of Responsibility – Client Transfer of Decedent

DATE: _____

TIME: _____

I, _____, do hereby accept possession of the cremated or human remains

of: _____ Case# _____

By taking possession of the above cremated remains or human remains, I accept the charges for services performed and I hereby release Cascade Mortuary Services L.L.C., as well as any and all funeral homes associated with this case, of any responsibility or liability in this matter.

Signature of person accepting responsibility

Representing Client Name

Print name of person accepting responsibility

Signature of Releasing Client Representative

Client Name

Print name of Client Representative

CMS Rep: _____