EMBALMING REMOVALS

CREMATION

SHIPPING

ESCORT

Release of Responsibility – Client Transfer of Decedent

| DATE: | <u> </u> | TIME: | |
|----------------------------|-----------------------------|---|-------|
| l, | , do hereby acce | ept possession of the cremated or human re | mains |
| of : | | Case# | |
| | lease First Call Mortuary S | s or human remains, I accept the charges for human remains, I accept the charges for services L.L.C., as well as any and all funer bility in this matter. | |
| Signature of person accep | ting responsibility | Representing Client Name | |
| Print name of person acce | pting responsibility | | |
| Signature of Releasing Cli | ent Representative | Client Name | _ |
| Print name of Client Repre | esentative | | |
| FCMS Rep: | | | |