Cascade
MORTUARY SERVICES

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

Family Release of Responsibility

DATE: _____ TIME: _____

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

remains of : _____

By taking possession of the above cremated remains or human remains, 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 | Identification of person accepting responsibility

_____ _____
Print name of person accepting responsibility | Relationship to Decedent

_____
Signature of Witness

_____
Print name of witness