

Decedent Name		McD ID#	
Authorized to Pick Up:		Relation to Decedent:	
Phone Number(s):		Alternate Phone(s):	
Creains to:	Name/Facility:	Relation to Decedent:	
<input type="checkbox"/> Deliver			
<input type="checkbox"/> Mail			
Street Address:			
City:		State:	Zip:
Phone Number:		Email:	
<input type="checkbox"/> Deliver to SNVMC	<input type="checkbox"/> Traditional / Memorial Service McDermott's Ft. Apache Gidden's SNVMC Other	<input type="checkbox"/> ID Viewing	Date: _____ Time: _____
<input type="checkbox"/> Cremation Casket:	<input type="checkbox"/> Alternative <input type="checkbox"/> Other:	<input type="checkbox"/> Scatter:	Lake Mead Mt. Charleston Desert
<input type="checkbox"/> Urn (Type(s)):	<input type="checkbox"/> Plastic <input type="checkbox"/> Other:		
<input type="checkbox"/> Flag Requested	<input type="checkbox"/> DD214 Provided	DD214 Received By:	
<small>Witness Cremation, ID Viewing, or any other Viewings or contact with Deceased Body may be canceled at any time if a threat, health or otherwise, is discovered. Family acknowledges having been notified of this fact by signing below.</small>			
<input type="checkbox"/> Witness Cremation	Date: _____	Time: _____	<input type="checkbox"/> Thumb Prints (\$50)
<input type="checkbox"/> HOLD	Reason: _____	DC's To: _____	
<input type="checkbox"/> PACEMAKER	<input type="checkbox"/> Lock of Hair (\$50)	How Many?: _____	<input type="checkbox"/> Split Cremains # of Bags: _____
<input type="checkbox"/> Objects to be Cremated with Decedent:			
<input type="checkbox"/> Objects Delivered:	<input type="checkbox"/> Special Instructions:	<input type="checkbox"/> CCSS CASE	<input type="checkbox"/> RUSH CASE
(Date)			
Authorizing Agent's Signature:		Date:	
Director/Arranger's Signature:		Date:	
Cremation Date:		Time:	
Crematory Operator's Signature:		Date:	
RELEASE OF CREMATED REMAINS-(To be filled out AT PICKUP)			
I, the Undersigned, state that I have received the cremated remains and Burial Transit Permit for:			
(Decedent Name)			
on the date written below. The cremated remains were in the agreed upon container(s) which was in the condition described at the time arrangements were made. I further state that I am entitled to possession of the cremated remains.			
Print Name:		Time:	
Signature:		Date:	
McDermott's Staff Signature:		Date:	
<small>NOTE: Nevada State Law allows for cremated remains to be retained at the dwelling of the person who has the right to control the disposition of the Decedent, interred in a cemetery or religious shrine, or scattered in the desert, lakes, mountains, or the private property of the person who has the right to control the disposition of the Decedent.</small>			