

Cremated Remains Disposition

I, _____, _____ hereby certify that the
(Deceased's representative or designee) (Title)
cremated remains of _____ have been released by _____,
(Deceased's name) (Funeral home or crematory)
a licensed funeral home or crematory in the State of West Virginia, on this _____ day of _____, 20____,
in the following manner:

[This section should detail to whom cremated remains were released. If the cremated remains are not released directly to any one person, the type of disposition should be noted (ie: buried at cemetery and name of cemetery, etc.).]

Deceased's representative or designee signature Relationship to Deceased Date

Print deceased's representative or designee name

Funeral home or crematory representative signature Relationship to Deceased Date

Print funeral home or crematory representative name

**Witness signature Date

Print witness name

****The Witness signature is optional. If you choose not to have the document witnessed, remove this section entirely.**