

Magnolia Funeral Home

1604 Magnolia Street
Alexandria, LA 71301
(318) 487-1197 Fax: (318) 442-5461

Release of Cremains Form

I/We, _____, hereby state
that the cremated remains of _____ are to be
released to _____, who must present proper
pictured identification when picking up the cremains.

*If you choose for the cremains to be shipped, list the mailing address below: *Additional fees
apply for shipping.

Shipping Address: _____

Family/Beneficiary Signature:

Signature: _____ Date: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

(This section to be signed when picking up cremains at Funeral Home)

Cremains Released to:

I hereby state that I received the cremated remains of _____
from Magnolia Funeral Home, Alexandria.

Signature: _____ Date: _____ Time: _____

Funeral Home Staff:

Signature: _____ Date: _____ Time: _____