

**Cremation & Funeral Gallery**

29 8th St. W. • Billings, MT 59101

Ph: 406-254-2414 • Fax: 406-254-2354



Cremation & Burial Society of Montana

Absaroka Beartooth Columbarium

cfgbillings@qwestoffice.net

Cremation Authorization

The undersigned hereby authorizes *Cremation & Funeral Gallery, Cremation & Burial Society of Montana* to cremate, in accordance with State of Montana Rules and Regulations, the remains of \_\_\_\_\_, who died at \_\_\_\_\_ on \_\_\_\_\_

The mortician in charge is \_\_\_\_\_.

Request delivery of cremated remains to: \_\_\_\_\_

Address: \_\_\_\_\_ phone: \_\_\_\_\_

If the undersigned further agrees and authorizes *Cremation & Funeral Gallery, Cremation & Burial Society of Montana* to deliver the cremated remains via US mail, he or she further agrees to assume all liability for damages that may arise from causes developing from delivery, and to hold harmless the *Cremation & Funeral Gallery, Cremation & Burial Society of Montana* from any/all claims to the contrary.

Hold cremated remains for further instructions which shall not be more than 30 days from date of cremation. *Cremation & Funeral Gallery, Cremation & Burial Society of Montana* shall dispose of the cremated remains, should they not be claimed in 30 days. It also is agreed upon that the cremated remains shall not be shipped until the account is paid in full.

Type of Cremation Container: \_\_\_\_\_  
(basic cardboard box, *Cordillo* or a wood casket)

Urn: \_\_\_\_\_  
(cardboard, metal, wood, brass or other)

Signature: \_\_\_\_\_  
(Spouse or how related to decedent)

Signature: \_\_\_\_\_  
(Relationship to decedent)

Address: \_\_\_\_\_ phone: \_\_\_\_\_

Address: \_\_\_\_\_

Witness: \_\_\_\_\_  
(Relationship to decedent)

Signature: \_\_\_\_\_  
(Relationship to decedent)

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Does deceased have a pacemaker/steel replacement? Yes No Explain: \_\_\_\_\_

Mortician shall remove pacemaker prior to cremation to prevent explosion or chamber damage.

Cremated Remains Receipt

I, \_\_\_\_\_, have been authorized as \_\_\_\_\_,  
(My name) Spouse, son, daughter or other

or designated agent of \_\_\_\_\_, to receive the cremated remains.  
Name of deceased

Witness: \_\_\_\_\_ from Cremation or Funeral Gallery, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(relationship) (today's date)