

The Gardens Crematory
Human Remains/Cremation Acceptance Receipt

Date Paperwork Handed to TGC:		Garden Unique #
Time Paperwork Handed to TGC:		(For Office Use Only)

Mortuary/Cremation Society	
Contact Person	Contact Phone Number

NAME OF DECEASED	
LAST	FIRST / MIDDLE INITIAL

Date of Birth	Date of Death	Is deceased ready for cremation? Please write "Yes" or "No"
		YES

SPECIAL INSTRUCTIONS

If "NO" Please Initial ↓	If "YES" the "RED TAG" Form (A separate form) MUST Accompany this	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Container:</td> <td style="width: 30%; text-align: center;">"X"</td> </tr> <tr> <td>CB1 (Cardboard)</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Wooden Casket</td> <td style="text-align: center;"> </td> </tr> <tr> <td>Flat Top Casket</td> <td style="text-align: center;"> </td> </tr> <tr> <td>Insert</td> <td style="text-align: center;"> </td> </tr> <tr> <td>Weight (lbs)</td> <td style="text-align: center;"> </td> </tr> <tr> <td>State of Case</td> <td style="text-align: center;">"X"</td> </tr> <tr> <td>Embalmed</td> <td style="text-align: center;"> </td> </tr> <tr> <td>Natural</td> <td style="text-align: center;">X</td> </tr> </table>	Container:	"X"	CB1 (Cardboard)	X	Wooden Casket		Flat Top Casket		Insert		Weight (lbs)		State of Case	"X"	Embalmed		Natural	X
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"MUST HAVE" return date & time of Cremains:	PLEASE INITIAL
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This page, along with the *Authorization for Cremation and Disposition of Human Remains* and the *Burial Permit* should be faxed together.
 If there are "Special Instructions," the "Red Tag" form needs to be faxed along with this form as well. Thank you.
 FAX TO 714.599.9918