

Cuddly Cremains

CREMAINS RETRIEVAL AUTHORIZATION FORM

I hereby authorize a representative of Cuddly Cremains, LLC and/or cuddlycremains.com to receive the cremains of my pet.

Pet Information

Name: _____
Date of Death: _____

Owner Information

Name: _____
Address1: _____
Address2: _____
City, St, Zip: _____
Date: _____
Phone Number: _____

Vet or Crematorium Information

Name: _____
Address1: _____
Address2: _____
City, St, Zip: _____
Phone Number: _____

Complete this form and return to: Cuddly Cremains, LLC
Authorization Department
612 32nd Street South, Ste 116
Birmingham, AL 35233-3514

Signature: _____

*Must be signed or cannot be processed

Do not write below this line

Date form received: _____
Customer Number: _____
Date forwarded: _____
Representative initials: _____
Date cremains received: _____