

# 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

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Date form received: \_\_\_\_\_  
Customer Number: \_\_\_\_\_  
Date forwarded: \_\_\_\_\_  
Representative initials: \_\_\_\_\_  
Date cremains received: \_\_\_\_\_