



## RETURN OF CREMATED REMAINS

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Name of Deceased

SAB Number

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Date of Death

Social Security Number

\_\_\_\_\_ I **wish** the cremated remains to be returned

CONTACT WILL BE MADE, BY LETTER, AT THE TIME OF CREMATION. PLEASE NOTE: IN CERTAIN INSTANCES REMAINS MAY NOT BE AVAILABLE BECAUSE OF THE NATURE OF THE MEDICAL RESEARCH

OR

\_\_\_\_\_ I **do not wish** the cremated remains returned

OUR USUAL PRACTICE IS TO CONTACT YOU, BY LETTER, AT THE TIME OF CREMATION AND GIVE YOU ANOTHER OPPORTUNITY TO DECIDE WHETHER YOU WANT THE CREMAINS TO BE RETURNED; HOWEVER IT MAY NOT BE POSSIBLE TO COMPLY IF YOU DO NOT REQUEST THE REMAINS AT THIS TIME. FINAL DISPOSITION OF CREMATED REMAINS IS MADE 30 DAYS POST DATE OF LETTER MAIL OUT DATE.

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**Signature of Next of Kin**

**Date**

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Relationship

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Address

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City, State Zip Code

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Telephone – Home

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Telephone – Work

**PLEASE COMPLETE – MAIL ORIGINAL BACK TO OUR OFFICE AND RETAIN CARBON COPY FOR YOUR RECORDS**

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