

Bluebonnet Crematory

ID # _____

**Release of Remains
Sec. 716.156**

Name of Deceased: Last _____

First _____ **Middle** _____ **Suffix** _____
(Jr., Sr., I, II, III etc.)

**Name of Funeral Home that contracted
to provide for the cremation**

- Legends Funeral Home**
 Direct Cremation Texas
 OTHER _____

**Printed name of the Funeral Home
Representative who receives remains**

**Signature of Funeral Home Representative
who receives remains**

_____/_____/20_____
Date of the release

_____:_____ **AM PM**
Time of the release

**Type of container in which
the remains were released**

- Temporary Container(s)**
 Urn(s)

**Signature of the Bluebonnet Crematory Representative who released the cremated remains
on behalf of the crematory establishment**

**The crematory establishment shall retain a copy of the receipt required by
Subsection (b) of Sec. 716.156 in the crematory establishment's records.**