



**Legends Funeral Home**

101-B Centerpoint Rd., San Marcos, Texas 78666

512-256-1220 main/512-692-1919 fax

[LegendsFuneralHome@gmail.com](mailto:LegendsFuneralHome@gmail.com)

**Receipt of Cremated Remains and Release of Liability**

The undersigned hereby certify that they have the legal right to take custody of the herein named deceased and have the full legal authority to make disposition of the cremated remains and hereby acknowledge receipt of the cremated remains of:

**Name of Deceased:** \_\_\_\_\_

The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains.

The undersigned hereby agree to indemnify and hold harmless **Legends Funeral Home**, its' agents and employees from any and all liability, including reasonable attorney fees, and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains.

Further, **Legends Funeral Home** shall be held harmless from any defects or faults of any container not supplied by the funeral home.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Authorized Representative: \_\_\_\_\_

Signature, Printed Name and Relationship

\_\_\_\_\_  
Street Address, City, State and Zip Code

Authorized Representative: \_\_\_\_\_

Signature, Printed Name and Relationship

\_\_\_\_\_  
Street Address, City, State and Zip Code

Funeral Home Representative:

\_\_\_\_\_  
Signature and Printed Name