"I Want Cremation for Myself"

Please complete this document so that your wish for cremation will be on file with Lake Shore Funeral Home. We will send you a confirmation acknowledgement upon receipt of your cremation preferences.

If you have any questions, please contact us at 254-752-5900.

CREMATION FORM

Name	
Name First - Middle - Last	
Address Street - City - State - Zip	
Street - City - State - Zip	
Email Address:	Phone:
Preferred Method of Contact: Phone Mail	Email
My Cremation Preference:	
I want cremation with a Traditional Service	
I want cremation with a Memorial Service	
I want cremation with a Celebration of Life Service	e
I want cremation with a Family Goodbye Gathering	g
I want cremation only (with no gathering)	
By denoting a preference above, I acknowledge that it is my expressed wish that I be cremated upon my death, as well as have all additional requests I have made on this form be honored.	
Other stated desires regarding cremation and services:	
Please electronically sign your name and date below as a fo	orm of your digital authorization:
Name	Date
	This will be "time stamped" as legal documentation

It is unlawful to sign on behalf of another person.

Doing so can render one subject to legal prosecution for falsifying legal documents.