


Cremation Society
OF TOLEDO

Personal Effects Log

Deceased's Name _____ Date of Death _____

Name of Authorized Agent _____

Items to be **removed** from the decedent and **returned** to family (be as descriptive as possible):

Items to be **cremated with** the decedent (be as descriptive as possible):

The Cremation Society of Toledo/Andryc Funeral Service/Northcoast Crematory Service, its owners, and its staff cannot be held liable for any items that are not listed on this document.

Signature of Authorized Agent _____ Date _____

Signature of Witness _____ Date _____

Printed Name of Witness _____

Receipt of Items

I, _____, verify that all items of the items listed above were returned to the family.

Signature of Authorized Agent _____ Date _____

Signature of Witness _____ Date _____