NOTICE TO AIRLINES
OF TRANSPORATION OF CREMATED REMAINS

1. **PARTIES:**

"FUNERAL HOME":_____
(Name of Funeral Home)

"DECEDENT":_____
(Name of Decedent)

"AIRLINES":_____
(Name of Airlines)

"REPRESENTATIVE":_____
(Name of Representative)

2. **TRANSPORTATION OF CREMATED REMAINS:** The REPRESENTATIVE named above is transporting a container or an urn containing the cremated remains of the DECEDENT. The container is marked with the full name of the DECEDENT.

3. **DEATH CERTIFICATES:** A death certificate for the DECEDENT (circle one) HAS/HAS NOT been obtained. If a death certificate has not been obtained, the FUNERAL HOME certifies that it has been applied for and is pending.

4. **IDENTIFICATION OF REPRESENTATIVE:** The REPRESENTATIVE named above has taken possession of the cremated remains for the purpose of transporting them. The REPRESENTATIVE will provide the AIRLINES with a valid photo identification.

5. **FURTHER INFORMATION:** Please extend appropriate courtesies to the REPRESENTATIVE. If the AIRLINES requires any further information, please contact the FUNERAL HOME as indicated below.

DATE: **SIGNATURE OF FUNERAL HOME**

_____ _____

Funeral Home Contact Person: _____

Funeral Home Telephone Number: _____

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