

SAINT MICHAEL CEMETERY  
500 CANTERBURY STREET  
BOSTON, MA 02131  
617-971-0707

CREMATION DIRECTIVE AND ACKNOWLEDGMENT

Pursuant to the permit of disposition obtained by a licensed funeral establishment or other authorized party pursuant to Massachusetts law, and the Medical Examiner's certificate, Saint Michael Cemetery Corporation is directed to cremate:

(Full Name Of Decedent)

(Date And Time Of Death)

I, \_\_\_\_\_ (Name Of Person Directing Cremation), affirm that I have full legal authority to direct the cremation of the decedent, and agree to hold harmless and indemnify against any loss or liability including, but not limited to, costs, reasonable attorney's fees and appellate costs incurred by Saint Michael Cemetery, or any of its agents, by reason of this authorization, including the failure to properly identify the decedent and/or the disposition of the cremated remains. I understand that the cremated remains will be placed in an urn or proper receptacle. If any urn or receptacle selected and provided by the undersigned for the receipt of the cremated remains is insufficient or incapable of receiving the remains, Saint Michael Cemetery is authorized to place the cremated remains in any container deemed by Saint Michael Cemetery to be appropriate.

- A heart pacemaker can be explosive when subjected to the high temperatures of the cremation chamber. If such a device exists, I have instructed the funeral director or any other person(s) responsible for the preparation of the decedent for cremation to remove it from the decedent prior to the cremation. I also acknowledge and agree that in the event of my failure to notify the funeral director or any others responsible for the removal of such a device, I will be liable for any damages to the crematorium, or injury to crematorium personnel.
- Due to the nature of the cremation process, any personal possessions or valuable materials (such as dental gold, jewelry, body prosthesis) that are left with the decedent and not removed from the casket or cremation container will be destroyed during cremation. If not destroyed, it will be recycled or otherwise disposed of by Saint Michael Cemetery.

I hereby authorize: \_\_\_\_\_ to act as my representative and agent, and direct it to carry out the foregoing instructions.  
(Funeral Home, leave blank if not applicable)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Print Name & Relationship to Decedent

Print Name & Relationship to Decedent

REPRESENTATIVE/AGENT ACCEPTANCE AND ACKNOWLEDGMENT: I consent and agree to act as the representative and agent for the person(s) whose signature appears above. I also acknowledge and confirm, as a principal or agent of a licensed funeral establishment, that I've complied with all applicable laws governing the duties of funeral directors regarding notification of next of kin and obtaining any and all permits to dispose of human remains.

\_\_\_\_\_  
Print Name & License Number

\_\_\_\_\_  
Signature of Funeral Director

Pursuant to the permit of disposition obtained by a licensed funeral establishment or other authorized party pursuant to Massachusetts law, and the Medical Examiner's certificate, Saint Michael Cemetery Corporation is directed to dispose of the cremated remains of the decedent in the following manner:

Carton: \_\_\_\_\_

Plastic: \_\_\_\_\_

Provided Urn: \_\_\_\_\_

RETURN CREMAINS TO:  Funeral Director  Family Member: \_\_\_\_\_

MAIL CREMAINS TO: \_\_\_\_\_

Saint Michael Cemetery Corporation assumes no responsibility and must be held harmless for (1) any and all acts, errors or omissions related in any way to the permit of disposition, including any responsibility of a licensed funeral establishment in arranging for the disposition of human remains, and (2) any act, error or omission occurring after delivery of the cremains to the post office, and (3) any act, error or omission resulting from the shipment of the cremains.

\*Pursuant to Massachusetts law, Saint Michael Cemetery Corporation accepts electronic signatures. An electronic signature is valid, binding, enforceable, and of the same legal effect as a written signature.



# WM. F. SPENCER FUNERAL SERVICE

575 E. Broadway • South Boston, Massachusetts 02174 • Telephone 617-268-0855

*Boston's Oldest Family in Funeral Service*

## *William F. Spencer & Son Funeral Home*

575 E. BROADWAY  
SOUTH BOSTON, MASS. 02123  
—  
268-0855

### AUTHORIZATION

I hereby designate the above-named funeral establishment to take charge of funeral arrangements for: \_\_\_\_\_, and I authorize the release and removal of the remains to said funeral establishment for the purpose of embalming and/or other scientific preparation.

I represent that I am the next of kin, or am acting as a duly authorized agent for the next of kin.

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Co-Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

WITNESS:

DATE:

### FOR VERBAL (TELEPHONE) AUTHORIZATION:

Authorization from: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Received by \_\_\_\_\_



WILLIAM F. SPENCER AND SON FUNERAL SERVICE  
VITAL STATISTICS

NAME \_\_\_\_\_ CASE# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

PLACE OF DEATH \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

SEX \_\_\_\_\_ COLOR \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

USUAL OCCUPATION \_\_\_\_\_ INDUSTRY \_\_\_\_\_

EMPLOYER \_\_\_\_\_ HOW MANY YEARS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_ LIVING \_\_\_\_\_

VETERAN \_\_\_\_\_ BRANCH \_\_\_\_\_ RANK \_\_\_\_\_ SERIAL # \_\_\_\_\_

DATE OF ENTRANCE \_\_\_\_\_ WHERE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_ WHERE \_\_\_\_\_

INFORMANT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

INFORMANT ADDRESS \_\_\_\_\_ TEL # \_\_\_\_\_

SOCIAL ORGANIZATIONS \_\_\_\_\_

EDUCATIONAL ACHIEVEMENT \_\_\_\_\_

LENGTH OF RESIDENCE \_\_\_\_\_

FUNERAL DATE \_\_\_\_\_ MASS \_\_\_\_\_

CEMETERY \_\_\_\_\_

DEATH NOTICE INFORMATION ON REVERSE SIDE.



**SPECIAL INSTRUCTIONS FROM FUNERAL DIRECTOR** – In the space below, please indicate instructions regarding the division of cremated remains, the date and time when cremated remains need to be available and / or any other special instructions to the crematory staff. If additional space is needed, please use the reverse side of this form.

## AUTHORIZATION AND INSTRUCTIONS FOR CREMATION CARE

Please review the *Blue Hill Cemetery and Crematory Statement of Policies and Procedures* available at the funeral home and on the "Crematory" tab at [www.bluehillcemetery.com](http://www.bluehillcemetery.com). Right of authorizing agent is defined in the Code of Massachusetts Regulations by the Board of Registration in Embalming and Funeral Directing, 239 CMR, Section 3.09 *Control Over Arrangements and Disposition of Human Remains*, Paragraph (c).

**AUTHORIZING AGENT** - I hereby acknowledge and certify that I am signing this document as authorizing agent for the cremation of the decedent named below. I agree to hold harmless and indemnify against any loss or liability including costs, reasonable attorney's fees and appellate costs incurred by Blue Hill Cemetery and Crematory, or any of its agents by reason of this authorization, including the failure to properly identify the decedent and/or properly specify the disposition of the decedent's cremated remains. If I am not the primary authorizing agent (immediate next of kin), I agree to also sign the applicable **AUTHORIZATION BY PROXY** form.

**I, as authorizing agent, hereby grant Blue Hill Crematory permission to cremate the remains of:**

Full Name of Decedent:

Date of Death:

Hour of Death:

AM / PM

**DESIGNATED FUNERAL HOME** - I hereby authorize the designated funeral home / cremation service indicated below to act as my representative and hereby direct said funeral home / cremation service to carry out the authorization and instructions as indicated on this document.

**IMPLANTED MEDICAL DEVICES** - Pacemakers and other implanted medical devices are likely to explode when subjected to the high temperatures inside the cremation chamber. If such device(s) exist(s), I have instructed the undersigned funeral director responsible for preparing the decedent for cremation to remove any such device(s) from the decedent's remains prior to transferring the decedent to Blue Hill Crematory for cremation. I also acknowledge and agree, in the event of my failure to notify the funeral director responsible for the removal of such a device(s), that I will be liable for any damages to the crematory facility and / or cremation equipment and / or injury to crematory personnel.

**NON-COMBUSTIBLE RETRIEVEABLE METAL** - Although non-combustible, any metal that is present in or on the decedent, e.g. prosthetic implants, dental metal, jewelry, etc., as well as the metal components of the cremation container / casket, e.g. staples, screws, fasteners, etc., will be destroyed during the cremation process. Such non-combustible metal will be retrieved and held at Blue Hill Crematory then collected for recycling by a third-party vendor specializing in post-cremation metal. Proceeds from the non-combustible retrievable metal will be donated to benefit St. Jude Children's Research Hospital in Memphis, TN.

### INSTRUCTIONS FROM AUTHORIZING AGENT or FUNERAL DIRECTOR REGARDING CONTAINER(S) FOR CREMATED REMAINS

Please mark the box(es) below indicating the container(s) into which Blue Hill Crematory staff should place the decedent's cremated remains.

I hereby instruct Blue Hill Crematory to place the decedent's cremated remains into the following container(s):  **UTILITY** – plastic utility urn(s) and / or metal utility keepsake(s) provided by Blue Hill Crematory as part of our cremation services;  **ORNAMENTAL** – ornamental urn(s) / keepsake(s) / cremation jewelry selected by the authorizing agent and provided to the crematory by the funeral home. If cremated remains are to be divided into multiple containers, please indicate specific preferences in the **SPECIAL INSTRUCTIONS** section above. **NOTE:** If any ornamental container(s) selected by the authorizing agent and provided to the crematory by the funeral home is / are insufficient for containing the entire volume of cremated remains, Blue Hill Crematory is authorized to place the remaining cremated remains into a utility container deemed appropriate and sufficient in size for such purpose. I hereby authorize Blue Hill Crematory to release the cremated remains of the decedent into the custody of the designated funeral home unless otherwise indicated in the **SPECIAL INSTRUCTIONS** section above.

## Entrusted to Our Care

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by (please use multiple forms for multiple authorizing agents):

Name of Authorizing Agent for Decedent	Address of Authorizing Agent	Relationship to Decedent
(Print)		
(Sign)		

**Representative Acceptance - I consent and agree to act as representative for the authorizing agent named above:**

Name of Representative Funeral Director	Name and Address of Funeral Home	F. D. License Number
(Print)		
(Sign)		