

**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 _____

WM. F. SPENCER FUNERAL SERVICE
575 East Broadway (at H Street)
South Boston, Massachusetts 02127
(617) 268-0855

DECEASED _____ No. _____
DATE OF DEATH _____
PLACE OF DEATH _____
DATE OF STATEMENT _____

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:

Basic Services of Funeral Director & Staff 750.00
Embalming
Other preparation of body

2. Facilities, Equipment & Staff:

Use of Facilities & Staff for Viewing / Visitation
Use of Facilities & Staff for Funeral Ceremony
Use of Facilities & Staff for Memorial Service
Use of Equipment & Staff for Graveside Service
Use of Equipment & Staff for Church Service

3. Transportation:

Transfer of Remains to Funeral Home
Hearse
Limousine
Sedan
Service / Utility Vehicle

4. Other Services / Facilities / Equipment:

.....
.....
.....
TOTAL OF SERVICES SELECTED \$ 750.00

B. CHARGE FOR MERCHANDISE SELECTED

Casket (or other receptacle) 95.00
Name/No. cremation container
Material
Color
Outer Burial Container
Name/No.
Material
Acknowledgement Cards
Register Book
Memory Folders / Prayer Cards
Clothing
Cremation Urn
.....
TOTAL OF MERCHANDISE SELECTED \$

C. SPECIAL CHARGES

☐ Forwarding remains to: _____ ☐ Receiving remains from: _____
Immediate Burial
Direct Cremation
Other
TOTAL OF SPECIAL CHARGES \$

TOTAL FUNERAL HOME CHARGES \$ 845.00
(This total does not include Cash Advances)

**STATEMENT OF
FUNERAL GOODS AND SERVICES SELECTED**

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

CASH ADVANCES

Certified Copies of Death Certificate

_____ @ \$ _____ each _____ \$

Clergy _____

Musician _____

Paid Newspaper Notice _____

permit fee _____

Cemetery _____

St. Michaels Crematory _____

Other _____ 245.00

Medical Examiner _____ 200.00

TOTAL CASH ADVANCES \$

We charge you for our services in obtaining: (specify cash advance items).

SUMMARY

Total Funeral Home Charges \$

Local Sales Tax (if applicable) \$

State Sales Tax (if applicable) \$

Total Cash Advances \$

GRAND TOTAL \$

Less Credits and Payments

_____ \$

_____ \$

Total Credits \$

BALANCE DUE \$ 1,290.00

Billing To _____

DISCLOSURES

Reason for embalming _____

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and the Casket Price List and the Outer Burial Container Price List.

Terms of Payment: _____

Full payment is due no later than _____.

If any payment is not paid when due, an unanticipated LATE CHARGE of _____% per month (ANNUAL PERCENTAGE RATE _____%) on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

x _____ Dated _____

Signed _____

Social Security Number _____

x _____ Dated _____

ACCEPTANCE This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

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. 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 RETRIEVABLE 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)		