



**NEW ENGLAND  
FUNERAL & CREMATION CENTER**  
413-733-1522 WWW.NEFC.NET

### *Cremation and Disposition Authorization*

**This is a legal document. It contains important provisions concerning cremation. This authorization is not a contract for services. Please read carefully before signing.**

Today's Date: \_\_\_\_\_ Name of Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

#### CREMATION PROCEDURE

Cremation and final disposition will be performed in accordance with all governing laws and policies established by the Commonwealth of Massachusetts, the crematory selected and this funeral-cremation center after the following conditions have been met:

1. 48 hours have transpired since the death occurred.
2. Civil and Medical authorities have issued all necessary releases and permits.
3. Positive identification has been verified by next of kin and/or person with authority.
4. Necessary authorizations have been obtained by all persons with authority.
5. Any scheduled ceremonies or viewing have been completed.

#### IDENTIFICATION OF DECEDENT

No decedent shall be cremated without verification of identity by the next of kin or their designated representative, I/we attest to the identity of the above-named decedent and authorize the funeral- cremation center to deliver the decedent to the crematory and to arrange final disposition as set forth on this form. I/we assume all liability for mistaken identification and agree to hold the funeral-cremation center harmless from all claims and agree to indemnify the funeral-cremation center from all losses.

\_\_\_\_\_ The undersigned, having been provided the opportunity to physically view the decedent, do positively identify same as that of the person named above.

\_\_\_\_\_ Identification occurred: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_ Identification was made by photograph by request and with permission of person with authority with said photograph being made a permanent part of the decedent's file.

\_\_\_\_\_ Identification was made by the following means: \_\_\_\_\_

Signature of Person Making Identification: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

**PACEMAKERS, PROSTHESIS SILICONE AND RADIOACTIVE IMPLANTS**

These and other devices may create a hazard during cremation and **must be removed** from the decedent prior to cremation. Failure to notify the funeral-cremation center of such devices makes the authorizing party responsible for any resulting damage to the crematory or its employees.

\_\_\_\_\_ The decedent's body DOES NOT contain any such devices listed above and is safe to cremate.

\_\_\_\_\_ The decedent's body DOES CONTAIN such devices.

X \_\_\_\_\_

The following is a complete list of all existing mechanical, silicone, prosthesis or radioactive devices- implants that should be removed prior to cremation: \_\_\_\_\_

\_\_\_\_\_ I/we authorize and instruct the funeral-cremation center or qualified technician to remove devices.

**DISPOSITION OF CREMATED REMAINS**

A decision concerning disposition of the cremated remains must be made at this time and prior to cremation. **The funeral-cremation center cannot hold the cremated remains.** I/we are aware of this decision and authorize the funeral-cremation center to deliver, ship, release or otherwise cause for the disposition of the cremated remains as follows:

\_\_\_\_\_ Place in urn

\_\_\_\_\_ Deliver to address below

\_\_\_\_\_ Place in multiple urns (#\_\_\_\_)

\_\_\_\_\_ Deliver to cemetery listed below

\_\_\_\_\_ Release to person listed below

\_\_\_\_\_ Ship via U.S. Postal Service to address listed below

\_\_\_\_\_ Scatter cremated remains at address listed below (NOTE: Scattering makes remains unrecoverable)

Describe urn(s) selected: \_\_\_\_\_

Person to receive Cremated Remains: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Deliver Cremated Remains to: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Person Receiving Remains: \_\_\_\_\_ Date: \_\_\_\_\_

**TIME OF CREMATION**

\_\_\_\_\_ Unless special arrangements have been made and confirmed with the funeral-cremation center and the crematory, the decedent shall be delivered to the crematory and the crematory shall perform the cremation at its discretion, according to its own time schedule, as work permits.

Special Request as specified: \_\_\_\_\_

**SIGNATURE OF NEXT OF KIN - PERSON(S) WITH AUTHORITY**

By executing this legal document as the next of kin or person(s) with authority, the undersigned warrant under penalty of law that all representations and statements contained on this form are true and correct, that all of these statements were made to induce the funeral-cremation center to arrange for the cremation of the body of the decedent, and that the undersigned have read and understand the provisions contained in this form, acknowledging and agreeing with every provision initialed by the next of kin or person(s) with authority. I/we hereby agree to indemnify, defend and hold harmless the funeral- cremation center, its officers, agents, and employees from any end all claims, demands, causes of action end suits of every kind in law or equity, including legal fees, costs and expenses of litigation arising as a result of this authorization, including failure to properly verify identity of the decedent, the processing, shipping and final disposition of the cremated remains, the failure to take possession of or make arrangements for final disposition any damage due to hazardous implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or decedent's cremated remains, or any other action performed by the funeral-cremation center, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

**Therefore, I/ we certify that I/we am/are the next of kin or person(s) with authority to the above-named decedent, related as specified, and that I/we have legal charge of the decedent and as such possess full legal authority and power according to the laws of the Commonwealth of Massachusetts to execute the authorization and to arrange for the cremation and disposition of the cremated remains.**

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_

Signature of Funeral Director: \_\_\_\_\_ Time: \_\_\_\_\_