THE PROPRIETORS OF THE SPRINGFIELD CEMETERY
171 Maple Street, Springfield, MA 01105

NUMBER

CREMATION ORDER

Delivered By. . . . . .

Date. . . . . **Time** . . . . . **M**

The undersigned hereby requests and authorizes the Proprietors of the Springfield Cemetery in accordance with and subject to its rules and regulations, to cremate the remains of the following person:

. . . . . Sex. . . . . Single . . . . . Married. . . . . Widowed . . . . . .

Address . . . . . .who died at . . . . . .

at. . . . . .o'clock . . . . . on the . . . . . day of. . . . . aged . . . . years . . . . months. . . . .days

Death due to infectious or contagious disease Yes ☐ No ☐

and certifies and represents that they have the right to make such authorization, and agrees to hold the Cemetery harmless of any liability on account of said authorization and cremation, and directs that the cremated remains are to be disposed of in the following manner.

Cremains to be picked up by funeral home New England Funeral & Cremation Center

Cremains to be mailed to . . . . . .

Other Disposition - FOR SCATTERINGS SEE REVERSE SIDE . . . . . .

Signature of Next of Kin . . . . . .

Relationship to Deceased (or Authority to Sign) . . . . . .

Date of Cremation . . . . . { Address . . . . . Street / City . . . . . State . . . . . .

Hour of Cremation . . . . . M Receptacle . . . . . .

Funeral Director . . . . . .

The cremation process is by no means "final." Disposition and memorialization of cremated remains through an appropriate memorial location should be completed at the same time as funeral arrangements. All non-combustible materials delivered with the body will be disposed of at the cemetery's discretion

— PLEASE READ OTHER SIDE —