

Cremation # _____
(office use only)

SAINT MICHAEL CEMETERY
500 CANTERBURY STREET
BOSTON, MA 02131
617-524-1036

CREMATION AUTHORIZATION

Authority is hereby given and granted to Saint Michael Cemetery Corporation to cremate:

Full Name Of Decedent

Date And Time Of Death

OCME# _____

I hereby certify and state that I am related to the decedent as _____, and I have full legal authority to order the cremation of decedent and the disposition of the cremated remains. I agree to hold harmless and indemnify against any loss or liability including 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 disposed of by Saint Michael Cemetery.

I hereby authorize: _____ to act as my representative, and direct
Funeral Home
them to carry out the foregoing instructions. (leave blank if inapplicable)

Executed this _____ day of _____, 20____.

Signature

Signature

Print Name & Relationship to Decedent

Print Name & Relationship to Decedent

REPRESENTATIVE ACCEPTANCE: I consent and agree to act as representative for the person(s) whose signature appears above.

Signature of Funeral Director

Print Name & License Number

Saint Michael Cemetery Corporation is granted the authority to dispose of the cremated remains of the decedent in the following manner:

RETURN CREMAINS TO: Funeral Director Family Member: _____

MAIL CREMAINS TO: _____

Saint Michael Cemetery assumes no responsibility after delivery of the cremains to the post office, and the undersigned agrees to hold Saint Michael Cemetery harmless from any and all claims related to the shipment of the cremains.