

Release and Cremation Directive & Acknowledgment

287 Main Street | Malden, MA 02148 781.322.0909 | fax 781.388.0101 BostonCremation.org

The undersigned-authorizing agent hereby requests the removal and release to Boston Cremation for the purpose of cremation and 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)
but not limited to, costs, reaso reason of this authorization, in I understand that the cremated by the undersigned for the rece Cemetery is authorized to place. A heart pacemaker can be a I have instructed the funeraremove it from the deceden funeral director or any other or injury to crematorium per Due to the nature of the creprosthesis) that are left with	nable attorney's fees and appellate cluding the failure to properly ident remains will be placed in an urn or ipt of the cremated remains is insuffect the cremated remains in any contax explosive when subjected to the high director or any other person(s) rest prior to the cremation. I also ack responsible for the removal of sursonnel. mation process, any personal posses the decedent and not removed fro	(Name Of Person Directing Cremation), affirm that I have full legal ld harmless and indemnify against any loss or liability including, costs incurred by Saint Michael Cemetery, or any of its agents, by ify the decedent and/or the disposition of the cremated remains. It proper receptacle. If any urn or receptacle selected and provided ficient or incapable of receiving the remains, Saint Michael ainer deemed by Saint Michael Cemetery to be appropriate. In temperatures of the cremation chamber. If such a device exists, ponsible for the preparation of the decedent for cremation to nowledge and agree that in the event of my failure to notify the cha device, I will be liable for any damages to the crematorium, essions or valuable materials (such as dental gold, jewelry, body om the casket or cremation container will be destroyed during posed of by Saint Michael Cemetery.
•	•	and agent, and direct it to carry out the foregoing instructions.
•	day of	
	Signature	Signature
Print Name & Relationship to Decedent		Print Name & Relationship to Decedent
agent for the person(s) whose s funeral establishment, that I've	ignature appears above. I also acki	DGMENT: I consent and agree to act as the representative and nowledge and confirm, as a principal or agent of a licensed governing the duties of funeral directors regarding notification of remains.
Print Name & License Number		Signature of Funeral Director
Pursuant to the permit of dispo Massachusetts law, and the Mo cremated remains of the deced	edical Examiner's certificate, Saint N	al establishment or other authorized party pursuant to Michael Cemetery Corporation is directed to dispose of the
Carton:	Plastic:	Provided Urn:
		lember:
MAIL CREMAINS TO:		
omissions related in any way to arranging for the disposition of	the permit of disposition, including human remains, and (2) any act, el	d must be held harmless for (1) any and all acts, errors or g any responsibility of a licensed funeral establishment in rror or omission occurring after delivery of the cremains to the hipment 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.