

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.