SAINT MICHAEL CEMETERY 500 CANTERBURY STREET BOSTON, MA 02131 617-971-0707

CREMATION DIRECTIVE AND ACKNOWLEDGMENT

Pursuant to the permit of disposition obtain Examiner's certificate, Saint Michael Ceme		ablishment or other authorized party pursuant to Mass achusetts law, and the Medical d to cremate:
(Full Name Of Decedent)	(Date And Tin	me Of Death)
and agree to hold harmless and indemnify a incurred by Saint Michael Cemetery, or any disposition of the cremated remains. I unde and provided by the undersigned for the reauthorized to place the cremated remains in • A heart pacemaker can be expected instructed the funeral director decedent prior to the cremation responsible for the removal of seconds. • Due to the nature of the cremater incurrence in the cremater in the cremater in the cremater in the cremater incurrence in the cremater in the cremater incurrence in the cremater incurrence in the cremater incurrence in the cremater in th	gainst any loss or liability in y of its agents, by reason of t erstand that the cremated re- ceipt of the cremated remain any container deemed by S plosive when subjected to t or any other person(s) res- on. I also acknowledge and such a device, I will be liable tion process, any personal p- not removed from the cask	the high temperatures of the cremation chamber. If such a device exists, I have sponsible for the preparation of the decedent for cremation to remove it from the I agree that in the event of my failure to notify the funeral director or any others is for any damages to the crematorium, or injury to crematorium personnel. Such as dental gold, jewelry, body prosthesis) that the cremation container will be destroyed during cremation. If not destroyed, it
I hereby authorize: Casper Funeral & Cro (Funeral Home, leave bla		as my representative and agent, and direct it to carry out the foregoing instructions.
Executed this day of	, 20	
Signature	<u>s</u>	Signature Signature
Print Name & Relationship to Dec	cedent P	Print Name & Relationship to Decedent
whose signature appears above. I also ackn	owledge and confirm, as a p	SMENT: I consent and agree to act as the representative and agent for the person(s) principal or agent of a licensed funeral establishment, that I've complied with all ification of next of kin and obtaining any and all permits to dispose of human remains.
Print Name & License Number	Signature	of Funeral Director
		hment or other authorized party pursuant to Massachusetts law, and the Medical lispose of the cremated remains of the decedent in the following manner:
Carton:	Plastic: 🗵	Provided Urn:
RETURN CREMAINS TO: X Funeral Dire	ector 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.

*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.