

**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.

\*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.



# WM. F. SPENCER FUNERAL SERVICE

575 E. Broadway • South Boston, Massachusetts 02174 • Telephone 617-268-0855

*Boston's Oldest Family in Funeral Service*

## *William F. Spencer & Son Funeral Home*

575 E. BROADWAY  
SOUTH BOSTON, MASS. 02123

268-0855

### AUTHORIZATION

I hereby designate the above-named funeral establishment to take charge of funeral arrangements for: \_\_\_\_\_, and I authorize the release and removal of the remains to said funeral establishment for the purpose of embalming and/or other scientific preparation.

I represent that I am the next of kin, or am acting as a duly authorized agent for the next of kin.

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Co-Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

WITNESS:

DATE:

\_\_\_\_\_

### FOR VERBAL (TELEPHONE) AUTHORIZATION:

Authorization from \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Received by \_\_\_\_\_

**WM. F. SPENCER FUNERAL SERVICE**  
 575 East Broadway (at H Street)  
 South Boston, Massachusetts 02127  
 (617) 268-0855

DECEASED \_\_\_\_\_ No. \_\_\_\_\_  
 DATE OF DEATH \_\_\_\_\_  
 PLACE OF DEATH \_\_\_\_\_  
 DATE OF STATEMENT \_\_\_\_\_

**A. CHARGE FOR SERVICES SELECTED**

**1. Professional Services:**  
 Basic Services of Funeral Director & Staff ..... 750.00  
 Embalming .....  
 Other preparation of body .....

**2. Facilities, Equipment & Staff:**  
 Use of Facilities & Staff for Viewing / Visitation .....  
 Use of Facilities & Staff for Funeral Ceremony .....  
 Use of Facilities & Staff for Memorial Service .....  
 Use of Equipment & Staff for Graveside Service .....  
 Use of Equipment & Staff for Church Service .....

**3. Transportation:**  
 Transfer of Remains to Funeral Home .....  
 Hearse .....  
 Limousine .....  
 Sedan .....  
 Service / Utility Vehicle .....

**4. Other Services / Facilities / Equipment:**  
 .....  
 .....  
 .....  
 .....  
 .....  
 TOTAL OF SERVICES SELECTED ..... \$ 750.00

**B. CHARGE FOR MERCHANDISE SELECTED**

Casket (or other receptacle) ..... 95.00  
 Name/No. cremation container  
 Material .....  
 Color .....

Outer Burial Container .....  
 Name/No. ....  
 Material .....

Acknowledgement Cards .....  
 Register Book .....  
 Memory Folders / Prayer Cards .....  
 Clothing .....  
 Cremation Urn .....

TOTAL OF MERCHANDISE SELECTED ..... \$ .....

**C. SPECIAL CHARGES**

Forwarding remains to: \_\_\_\_\_  
 Receiving remains from: \_\_\_\_\_

Immediate Burial .....  
 Direct Cremation .....  
 Other .....

TOTAL OF SPECIAL CHARGES ..... \$ .....

TOTAL FUNERAL HOME CHARGES ..... \$ 845.00  
 (This total does not include Cash Advances)

**STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED**

*Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.*

*If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.*

**CASH ADVANCES**

Certified Copies of Death Certificate  
 @ \$ \_\_\_\_\_ each \$ \_\_\_\_\_

Clergy \_\_\_\_\_  
 Musician \_\_\_\_\_  
 Paid Newspaper Notice \_\_\_\_\_  
 permit fee \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 St. Michaels Crematory \_\_\_\_\_  
 Other \_\_\_\_\_ 245.00  
 Medical Examiner \_\_\_\_\_ 200.00  
 TOTAL CASH ADVANCES \$ \_\_\_\_\_

We charge you for our services in obtaining: (specify cash advance items)

**SUMMARY**

Total Funeral Home Charges ..... \$ \_\_\_\_\_  
 Local Sales Tax (if applicable) ..... \$ \_\_\_\_\_  
 State Sales Tax (if applicable) ..... \$ \_\_\_\_\_  
 Total Cash Advances ..... \$ \_\_\_\_\_  
**GRAND TOTAL** \$ \_\_\_\_\_

Less Credits and Payments  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Total Credits ..... \$ \_\_\_\_\_

**BALANCE DUE** \$ 1,290.00

Billing To \_\_\_\_\_

**DISCLOSURES**

Reason for embalming \_\_\_\_\_

*If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.*

**ACKNOWLEDGEMENT AND AGREEMENT**

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and the Casket Price List and the Outer Burial Container Price List.

Terms of Payment: \_\_\_\_\_

Full payment is due no later than \_\_\_\_\_

If any payment is not paid when due, an unanticipated LATE CHARGE of \_\_\_\_\_% per month (ANNUAL PERCENTAGE RATE \_\_\_\_\_%) on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

x \_\_\_\_\_ Dated \_\_\_\_\_  
 Signed Social Security Number

x \_\_\_\_\_ Dated \_\_\_\_\_  
 Signed

**ACCEPTANCE** This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

By \_\_\_\_\_

WILLIAM F. SPENCER AND SON FUNERAL SERVICE  
VITAL STATISTICS

NAME \_\_\_\_\_ CASE# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

PLACE OF DEATH \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

SEX \_\_\_\_\_ COLOR \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

USUAL OCCUPATION \_\_\_\_\_ INDUSTRY \_\_\_\_\_

EMPLOYER \_\_\_\_\_ HOW MANY YEARS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_ LIVING \_\_\_\_\_

VETERAN \_\_\_\_\_ BRANCH \_\_\_\_\_ RANK \_\_\_\_\_ SERIAL # \_\_\_\_\_

DATE OF ENTRANCE \_\_\_\_\_ WHERE \_\_\_\_\_

DATE OF DISCHARGE \_\_\_\_\_ WHERE \_\_\_\_\_

INFORMANT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

INFORMANT ADDRESS \_\_\_\_\_ TEL # \_\_\_\_\_

SOCIAL ORGANIZATIONS \_\_\_\_\_

EDUCATIONAL ACHIEVEMENT \_\_\_\_\_

LENGTH OF RESIDENCE \_\_\_\_\_

\_\_\_\_\_

FUNERAL DATE \_\_\_\_\_ MASS \_\_\_\_\_

CEMETERY \_\_\_\_\_

DEATH NOTICE INFORMATION ON REVERSE SIDE.