



Blue Hill Cemetery and Crematory | 700 West Street | Braintree, MA 02184 | 781-843-4000 | www.bluehillcemetery.com

**AUTHORIZATIONS and ACKNOWLEDGEMENTS
for PRE-CREMATATION, CREMATION and POST-CREMATATION CARE (Short Form)**

Before completing and signing this document, please review the information in *Blue Hill Crematory Statement of Policies and Procedures* which is available from the designated funeral home or on the "Crematory" link at www.bluehillcemetery.com.

Authority is hereby granted to Blue Hill Cemetery and Crematory to cremate:

| | |
|------------------------|---|
| Full Name of Decedent: | |
| Date of Death: | Hour of Death: AM / PM |

AUTHORIZING AGENT - I hereby certify and state that I am related to the decedent as his / her _____ and that I have full legal authority as authorizing agent to order the cremation of the decedent and 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 Blue Hill Cemetery and Crematory, or any of its agents by reason of this authorization, including the failure to properly identify the decedent and / or properly specify the disposition of the cremated remains.

DESIGNATED FUNERAL HOME - I hereby authorize (name of funeral home) _____ to act as my representative and hereby direct said funeral home to carry out the instructions indicated on this cremation authorization form.

IMPLANTED MEDICAL DEVICES – Pacemakers and other implanted medical devices can be explosive when subjected to the high temperatures of the cremation chamber. If such a device(s) exist(s), I have instructed the undersigned funeral director responsible for the preparation of the decedent for cremation to remove it(them) from the decedent prior to transferring the decedent to Blue Hill Cemetery and Crematory for cremation. I also acknowledge and agree that, in the event of my failure to notify the funeral director responsible for the removal of such a device, I will be liable for any damages to the crematory facility and / or cremation equipment and / or injury to crematory personnel.

PLEASE INDICATE YOUR PREFERENCES WITH A LEGIBLE MARK IN THE APPLICABLE BOXES BELOW

CREMATED REMAINS CONTAINER - I understand that the cremated remains will be placed in an urn or other proper receptacle. If any urn or receptacle selected or provided by the undersigned for the receipt of the cremated remains is insufficient or incapable of receiving the remains, Blue Hill Cemetery and Crematory is authorized to place the cremated remains in a container deemed appropriate by Blue Hill Cemetery and Crematory. I hereby instruct Blue Hill Cemetery and Crematory to place the cremated remains of the decedent into - plastic utility urn(s) / keepsake(s) provided by the crematory **OR** - ornamental urn(s) / keepsake(s) delivered to the crematory. If cremated remains are to be divided, please complete the *Authorizations and Instructions for the Division of Cremated Remains* form available from the designated funeral home. I hereby authorize Blue Hill Cemetery and Crematory to release the cremated remains of the decedent into the custody of the designated funeral home. Blue Hill Cemetery and Crematory does not ship cremated remains.

RETRIEVABLE METAL - Due to the nature of the cremation process, personal possessions, valuable materials, prosthetic implants (photographs, mementos, dental gold, dental bridgework, jewelry, joint replacements, etc.) left with the decedent inside the cremation container will be destroyed during the cremation process. I hereby request that the disposition of any retrievable metal resulting from the cremation process be done - by metal recycling with proceeds donated to benefit St. Jude Children's Research Hospital, Memphis, TN **OR** - as instructed by the designated funeral home as follows: _____.

Executed this _____ day of _____, 20____ by (please use multiple forms for multiple authorizing agents):

| Name of Authorizing Agent for Decedent | Address of Authorizing Agent | Relationship to Decedent |
|--|------------------------------|--------------------------|
| (Print) | | |
| (Sign) | | |

Representative Acceptance - I consent and agree to act as representative for the person whose signature appears above:

| | | |
|-------------------------------|----------------------------------|-------------------------|
| Signature of Funeral Director | Printed Name of Funeral Director | F.D. License Number |
| | | |
| Name of Funeral Home | | Address of Funeral Home |
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