



HAMEL-LYDON CHAPEL

&
CREMATION SERVICE OF MASSACHUSETTS
Pre-Planning • Funerals • Cremations
650 Hancock Street, Quincy, MA 02170

24-Hour Line: (800)696-5887

Tel: (617)472-5888

Fax: (617)472-8923

Website: CSofMA.org

ALL INFORMATION ON BOTH SIDES OF THIS FORM MUST BE COMPLETED.

Name: _____ Sex: _____ Birthdate: _____
(Name of Person Pre-planning or Name of Deceased)

Address: _____
Street City State Zip

Social Security #: _____ Phone: _____

Birthplace: _____ Race: _____

Occupation: _____ Industry: _____
(If retired, list type of work during majority of working years.)

Education (specify highest grade or degree completed): _____

Veteran? ☐ Yes ☐ No If YES, please enclose a copy of military discharge papers.

Father's Name: _____ State of Birth

Mother's Name: _____ State of Birth
(include maiden name)

(Check One)

- ☐ Married Husband or Wife's Name (include maiden name): _____
- ☐ Widowed
- ☐ Divorced If widowed or divorced, name of last spouse: _____
- ☐ Never Married

Next of Kin: _____ Relationship: _____

Phone & E-mail: _____

Address: _____
Street City State Zip

I, the undersigned, authorize and request Hamel-Lydon Chapel & Cremation Service of Massachusetts or its assigns to cremate the remains of _____ and further authorize and request that the following disposition of the cremated remains be made.

_____ Send to: Individual or Cemetery: _____

_____ Release to: Name of Individual: _____

_____ Hold for further instructions (if held >60 days, cremated remains will be scattered at a cemetery at the expense of the family).

CREMATION SELECTION GUIDE

<u>SIMPLE CREMATION</u> Direct Cremation	<u>CONCIERGE CREMATION</u> Concierge Delivery of Urn of Cremains	<u>MEMORIAL CREMATION</u> Memorial Service or Celebration of Life
<input type="checkbox"/> \$1,795*	<input type="checkbox"/> \$2,495*	<input type="checkbox"/> \$4,395*
<i>Includes All of the following services:</i> <ul style="list-style-type: none">• Basic Services of Funeral Dir. & Staff• Removal into our care• Medical Examiner Fees• Complete & File Documents• Cremation Container• Transport to Crematory• Temporary Cremains Container• Cremation Process and Fees• Courtesy Online Death Notice• Notification to SSA	<i>Includes All Direct Cremation Plan Services and the following:</i> <ul style="list-style-type: none">• 3 Certified Death Certificates• Essential Line Wood Urn**• Concierge Delivery of Urn to the Greater Boston area (<i>within 20 miles</i>)• Obituary Draft & Submissions*	<i>Includes All Direct Cremation Plan Services and the following:</i> <ul style="list-style-type: none">• 5 Certified Death Certificates• Memorial Service or Celebration of Life at Church or Hamel-Lydon Chapel• Urn of Choice w/ Engraving (<i>up to \$500 value</i>)• Flower Ring for Urn Display• Memorial Package (<i>50 Prayer Cards, 25 Thank You Cards, Register Book</i>)• Obituary Draft & Submissions*
Additional Options: <ul style="list-style-type: none"><input type="checkbox"/> Death Certificates, \$20/each<input type="checkbox"/> Private Viewing, \$425<input type="checkbox"/> Obituary Draft*, \$150<input type="checkbox"/> Filling of Third Party Urns, \$50-\$100<input type="checkbox"/> Sea Scatter, \$425<input type="checkbox"/> Mailing of Cremains, \$100+ <i>*Does not include newspaper charges</i>	Additional Options: <ul style="list-style-type: none"><input type="checkbox"/> Death Certificates, \$20/each<input type="checkbox"/> Private Viewing Prior to Cremation, \$425<input type="checkbox"/> **Urn of Choice, <i>prices vary</i><input type="checkbox"/> Engraving Plate for Urn, \$55<input type="checkbox"/> Newspaper Notices, <i>prices vary</i>	Additional Options: <ul style="list-style-type: none"><input type="checkbox"/> Death Certificates, \$20/each<input type="checkbox"/> Private Viewing Prior to Cremation, \$425<input type="checkbox"/> Clergy or Celebrant Honorarium, \$200+<input type="checkbox"/> Church Offering, \$500-\$800

TOTAL \$ _____

PAYMENT OPTIONS	<input type="checkbox"/> Enclosed is a Check for payment. Make Check Payable to " <u>Hamel-Lydon Chapel</u> "
	<input type="checkbox"/> Bill my Credit Card . Card #: _____ Exp Date: _____ Security Code: _____ <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
<input type="checkbox"/> PAID in FULL	<i>We can create a budget to meet anyone's circumstances. Please call to discuss payment options. (Pre-Need only)</i> PAYMENT IN FULL IS REQUIRED PRIOR TO CREMATION.

I will indemnify and hold harmless, Hamel-Lydon Chapel & Cremation Service of Massachusetts and the crematory from any claims to the contrary, including all liability and claims related to the shipment and storage of the cremated remains.

Signed _____ Date _____

Address _____
Street City State Zip

E-mail / Phone _____

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

By: _____

* Prices Subject to Change