

**HAMEL  
LYDON CHAPEL**



650 Hancock Street  
Quincy, Massachusetts 02170  
[www.csofma.org](http://www.csofma.org)

1 (800) 696-5887  
1 (617) 472-5888  
1 (617) 472-8923 FAX

**ALL INFORMATION ON BOTH PAGES OF THIS FORM MUST BE COMPLETED**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Name of Person Pre-planning or Name of Deceased)

Address \_\_\_\_\_ Street \_\_\_\_\_ Birthplace \_\_\_\_\_ City & State \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Race \_\_\_\_\_

**EDUCATION LEVEL**  
Specify only Highest  
grade completed  
(Grade 1-12/College 1-4 or 5+)

Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

Usual Occupation \_\_\_\_\_ Kind of Business or Industry \_\_\_\_\_  
(Give kind of work during most of working life, even if retired)

Father's Name \_\_\_\_\_ State of Birth \_\_\_\_\_

Mother's First Name and Maiden Name \_\_\_\_\_ State of Birth \_\_\_\_\_

(Check One)

Married     Never Married    Husband or Wife's Name. If Wife (maiden name) \_\_\_\_\_

Widowed     Divorced    If divorced or widowed please include last spouse \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Their Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ If yes, please enclose a copy of your discharge paper.

I, the undersigned, authorize and request the 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: Name of Individual or Cemetery \_\_\_\_\_

\_\_\_\_\_ Release to: Name of Individual \_\_\_\_\_

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

## CREMATION SELECTION GUIDE

<b>Direct Cremation Charge</b>	\$ <u>1595.00</u>
<b>Cremation Service Options:</b>	
Private Viewing \$225	\$ _____
Pacemaker Removal \$150	\$ _____
Family-Witnessed Cremation \$300	\$ _____
Attendant at Graveside \$495	\$ _____
World-Wide Travel Protection plan \$395	\$ _____
Chapel Rental with Attendant \$495	\$ _____
<b>Cremation Merchandise Options:</b>	
Cremation Urns \$12 - \$2,600 - Specify Name & Number _____	\$ _____
Basic Memorial Package ( <i>50 Basic Prayer Cards, 50 Acknowledgement Cards and Register Book</i> ) \$175	\$ _____
Custom Memorial Package ( <i>50 Laminated Prayer Cards w/ photo, 50 Matching Acknowledgement Cards and Register Book</i> ) \$250	\$ _____
<b>Disposition Options:</b>	
Mailing in State \$85	\$ _____
Mailing out of State \$125	\$ _____
Personal Delivery \$50 - \$250	\$ _____
Scatter off the Coast of Cape Cod \$295	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">             ☆   <b>PRE PAYMENT OPTIONS</b> </div>	<input type="checkbox"/> <b>Payment in Full</b> <span style="float: right; color: red;">3 Digit Security Code <input style="width: 50px;" type="text"/></span> <input type="checkbox"/> Enclosed is a check to cover the items selected. Bill my creditcard. Card# _____ Expiration Date _____ <b>Installment Plan</b> <input type="checkbox"/> We can create a budget to meet anyone's circumstances. Please call to discuss this option. (Pre-planning only) <i>Payment in full is required prior to cremation.</i>	(CIRCLE ONE)    
--	--	--

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 \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date \_\_\_\_\_ Email: \_\_\_\_\_ Social Sec. No. \_\_\_\_\_

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

By \_\_\_\_\_