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

CREMATION DIRECTIVE AND ACKNOWLEDGMENT

Examiner's certificate, Saint Michael (rized party pursuant to Massachusetts law, and the M	edical
(Full Name Of Decedent)	(D	ate And Time Of Death)		
incurred by Saint Michael Cemetery, of disposition of the cremated remains. If and provided by the undersigned for the authorized to place the cremated remains. A heart pacemaker instructed the funeral directed the funeral directed the removed responsible for the removed. Due to the nature prosthesis) that are left with the cremater of the cremat	nify against any loss of any of its agents, by understand that the cree receipt of the cremains in any container decrease be explosive where the cremation. I also acknowld of such a device, I we of the cremation put the decedent and not the cremation of the decedent and not the cremation of the decedent and not the cremation of the decedent and not the decedent an	r liability including, but not limited to reason of this authorization, including remated remains will be placed in an ated remains is insufficient or incapable eemed by Saint Michael Cemetery to en subjected to the high temperatures erson(s) responsible for the preparational wild ge and agree that in the event of ill be liable for any damages to the crocess, any personal possessions or	e full legal authority to direct the cremation of the deco, costs, reasonable attorney's fees and appellate costs ag the failure to properly identify the decedent and/or urn or proper receptacle. If any urn or receptacle see the of receiving the remains, Saint Michael Cemetery is be appropriate. To of the cremation chamber. If such a device exists, I laion of the decedent for cremation to remove it from if my failure to notify the funeral director or any ot rematorium, or injury to crematorium personnel. valuable materials (such as dental gold, jewelry, but too container will be destroyed during cremation. If	the lected is have the hers
I hereby authorize:(Funeral Home, learners and the second of the	ve blank if not applicab		gent, and direct it to carry out the foregoing instruction	ons.
Signature		Signature		
Print Name & Relationship to Decedent		Print Name & Relationship to Decedent		
whose signature appears above. I also	acknowledge and con	firm, as a principal or agent of a licen	ee to act as the representative and agent for the person used funeral establishment, that I've complied with all obtaining any and all permits to dispose of human re	l
Print Name & License Nun	iber	Signature of Funeral Director	_	
Pursuant to the permit of disposition obtacertificate, Saint Michael Cemetery Corp			arty pursuant to Massachusetts law, and the Medical Example cedent in the following manner:	niner's
Carton:	Plastic:	Provided Urn:		
RETURN CREMAINS TO: □ Funera	l Director Family M	1ember:	_	
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.