

I (the Undersigned) understand the cremated remains are bone fragments, which will be reduced in size to permit their placement in an urn or other container. In the event the capacity of the urn or other container is insufficient to accommodate all of the cremains the cemetery is hereby authorized to make disposition of the remaining cremains at its discretion, unless otherwise instructed in writing by the Undersigned person authorized to sign for cremation. Cremains left in our care must be picked up within 30 days to avoid storage fees.

I further state that the deceased has not had a heart pacemaker implanted, radiation producing implant device nor any other life sustaining device that could be explosive. If such a device exists, I have instructed the funeral director or others to remove it before cremation. I also 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.

A Columbarium has been erected in the cemetery in which space for the repose of cremated remains can be purchased. Springfield Cemetery has Grave Sites, an Urn Garden, Cremation Plots, Memorial Trees and a Scattering Garden for Memorialization.

#### PERMISSION TO SCATTER

I, \_\_\_\_\_, give the  
Springfield Cemetery permission to scatter the cremated remains  
of \_\_\_\_\_ in the  
scattering garden of Springfield Cemetery.

Relationship to the deceased \_\_\_\_\_

Date \_\_\_\_\_