

HILLCREST PARK CREMATORY
895 PARKER STREET, SPRINGFIELD, MA 01129

AUTHORITY TO CREMATE

The undersigned hereby requests and authorizes the **HILLCREST PARK CREMATORY** in accordance with and subject to its rules and regulations, to cremate the remains of _____

Late of _____ who died on _____ at _____ AM / PM

In _____ aged _____ years _____ months _____ days

and certifies and represents that he or she has the right to make such authorization and agrees to indemnify and hold the Crematory harmless from any liability, cost, expense or claims resulting from this authorization.

It is further agreed should arrangements for final disposition of the cremated remains not be given at the time of cremation, the cremated remains will be returned to the funeral director in charge of the funeral and arrangements for the deceased's family.

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 crematory 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 the cremation.

I further state that the deceased has not had a heart pacemaker implanted, radiation producing implant device or artificial implants nor any other life sustaining device that could be explosive. If such 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 director or any others responsible for the removal of such device, I will be liable for any damage to the crematorium or injury to crematory personnel.

All non-combustible materials delivered with the body will be disposed of at the cemetery's discretion.

Relative or Legal Representative _____ Dated _____

Address _____ Relation to Deceased _____

Funeral Director and Address _____

New England Funeral & Cremation Center, 25 Mill Street, Springfield, MA 01108

Additional Relatives or Legal Representatives:

Name _____ Dated _____

Address _____ Relation to Deceased _____

Name _____ Dated _____

Address _____ Relation to Deceased _____

Name _____ Dated _____

Address _____ Relation to Deceased _____