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CREMATION AUTHORIZATION

**BHCCDOC – 1.B(abbr) AUTHORIZATIONS and ACKNOWLEDGEMENTS
 for PRE-CREMATION, CREMATION and POST-CREMATION CARE**

Please review the information presented in BHCCDOC – 1.A Blue Hill Crematory Statement of Policies and Procedures.

Authority is hereby granted to Blue Hill Cemetery and Crematory to cremate:

Full Name of Decedent:	
Date of Death:	Hour of Death: AM / PM

I hereby certify and state that I am related to the decedent as _____ and I have full legal authority (“authorizing agent”) to order the cremation of the decedent and disposition of the cremated remains. I agree to hold harmless and indemnify against any loss or liability including costs, reasonable attorney’s fees and appellate costs incurred by Blue Hill Cemetery and Crematory, or any of its agents by reason of this authorization, including the failure to properly identify the decedent and / or properly specify the disposition of the cremated remains.

I hereby authorize (name of funeral home) _____ to act as my representative and hereby direct said funeral home to carry out the instructions indicated on this cremation authorization.

I understand that the cremated remains will be placed in an urn or other proper receptacle. If any urn or receptacle selected or provided by the undersigned for the receipt of the cremated remains is insufficient or incapable of receiving the remains, Blue Hill Cemetery and Crematory is authorized to place the cremated remains in a container deemed appropriate by Blue Hill Cemetery and Crematory. Blue Hill Cemetery and Crematory is granted the authority to place the cremated remains of the decedent in a plastic utility urn provided by the crematory or the ornamental urn delivered to the crematory; please indicate preference with a ✓ or ✕.

A heart pacemaker can be explosive when subjected to the high temperatures of the cremation chamber. If such a device exists, I have instructed the funeral director or any other person(s) responsible for the preparation of the decedent for cremation to remove it from the decedent prior to transferring the decedent to Blue Hill Cemetery and Crematory for cremation. I also acknowledge and 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 crematory facility and / or cremation equipment or injury to crematory personnel.

Due to the nature of the cremation process, any personal possessions or valuable materials, e.g. dental gold, jewelry, prostheses, joint implants, etc., left with the decedent and not removed from the casket or cremation container will be destroyed during the cremation process. Retrievable metal may be returned to the authorizing agent, recycled to benefit charity, or irretrievably placed in a common grave at Blue Hill Cemetery; please indicate preference with a ✓ or ✕.

I hereby authorize Blue Hill Cemetery and Crematory to release the cremated remains of the decedent into the custody of the designated funeral home by means of personnel from the funeral home retrieving the cremated remains from Blue Hill Cemetery and Crematory or personnel from Blue Hill Cemetery and Crematory delivering the cremated remains to the funeral home; please indicate preference with a ✓ or ✕. Blue Hill Cemetery and Crematory does not ship cremated remains.

Executed this _____ day of _____, 20____ by:

Name of Authorizing Agent for Decedent	Address of Authorizing Agent	Relationship to Decedent
(Print)		
(Sign)		

If additional lines are needed for multiple authorizing agents, please duplicate a blank copy of this page and attach to the original.

Representative Acceptance:

I consent and agree to act as representative for the person(s) whose signature(s) appear(s) above.

Signature of Funeral Director	Printed Name of Funeral Director	F.D. License Number
Name of Funeral Home		Address of Funeral Home