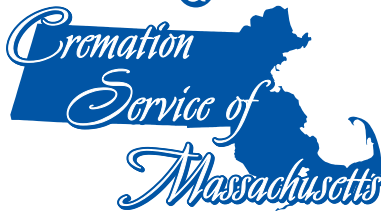


**HAMEL  
FUNERAL CARE**



26 Adams Street  
Quincy, Massachusetts 02169  
[www.csofma.org](http://www.csofma.org)

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

**ALL INFORMATION ON THIS FORM MUST BE COMPLETED**

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

Address \_\_\_\_\_ Birthplace \_\_\_\_\_  
Street 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 Funeral Care & 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.

\_\_\_\_\_ Arrange for Scattering at Cemetery \_\_\_\_\_

\_\_\_\_\_ 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

**Direct Cremation Charge** \$ 1595.00

**Cremation Service Options:**

Private Viewing \$125 \$ \_\_\_\_\_  
 Pacemaker Removal \$150 \$ \_\_\_\_\_  
 Family-Witnessed Cremation \$250 \$ \_\_\_\_\_  
 Attendant at Graveside \$250 \$ \_\_\_\_\_  
 Nationwide Travel Protection \$375 \$ \_\_\_\_\_  
 Chapel Rental with Attendant \$495 \$ \_\_\_\_\_



**Cremation Merchandise Options:**

Cremation Urns \$12 - \$2,600 - Specify Name & Number \_\_\_\_\_ \$ \_\_\_\_\_  
 Basic Memorial Package (50 Basic Prayer Cards, 50 Acknowledgement Cards and Register Book) \$125 \$ \_\_\_\_\_  
 Custom Memorial Package (50 Laminated Prayer Cards w/ photo, 50 Matching Acknowledgement Cards and Register Book) \$250 \$ \_\_\_\_\_

**Disposition Options:**

Mailing in State \$70 \$ \_\_\_\_\_  
 Mailing out of State \$95 \$ \_\_\_\_\_  
 Personal Delivery \$50 - \$250 \$ \_\_\_\_\_  
 Arrange Simple Scattering on the Grounds of Mayflower Cemetery, Duxbury \$125 \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

<div style="border: 1px solid black; padding: 5px; width: 60px; 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 _____ <input type="checkbox"/> <b>Installment Plan</b> 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)    
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I will indemnify and hold harmless, Hamel Funeral Care & 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 \_\_\_\_\_