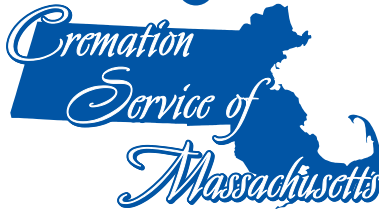


**HAMEL
FUNERAL CARE**



26 Adams Street
Quincy, Massachusetts 02169
www.csofma.org

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

ALL INFORMATION ON BOTH PAGES OF THIS FORM MUST BE COMPLETED

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

Address _____ Street _____ Birthplace _____ 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.



_____ 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	\$ <u>1595.00</u>
Cremation Service Options:	
Private Viewing \$125	\$ _____
Pacemaker Removal \$150	\$ _____
Family-Witnessed Cremation \$250	\$ _____
Attendant at Graveside \$250	\$ _____
World-Wide Travel Protection plan \$395	\$ _____
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 \$85	\$ _____
Mailing out of State \$125	\$ _____
Personal Delivery \$50 - \$250	\$ _____
TOTAL	\$ _____

<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> ☆ PRE PAYMENT OPTIONS </div>	<input type="checkbox"/> Payment in Full 3 Digit Security Code <input style="width: 50px;" type="text"/> <input type="checkbox"/> Enclosed is a check to cover the items selected. Bill my creditcard. Card# _____ Expiration Date _____ Installment Plan <input type="checkbox"/> We can create a budget to meet anyone's circumstances. Please call to discuss this option. (Pre-planning only) <i style="color: red;">Payment in full is required prior to cremation.</i>	(CIRCLE ONE)  
--	--	--

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 _____