

CREMATION # <hr/> Crematory Use Only
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Urn Type – Please check	
Urn from Funeral Home	<input type="checkbox"/>
Vine Hills Cardboard Box	<input type="checkbox"/>
Vine Hills Plastic Box	<input type="checkbox"/>
Other	<input type="checkbox"/>

VINE HILLS CREMATORY
102 Samoset Street · Plymouth, MA 02360
(508) 830-4078 (Tel.); (508) 830-4141 (FAX)

AUTHORIZATION FOR CREMATION AND DISPOSITION
(PLEASE PRINT OR TYPE)

Please deliver cremation by (date & time): _____

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize Vine Hills Crematory (VHC) in accordance with and subject to its rules and regulations, and any applicable state/provincial or local laws or regulations, to cremate the human remains of the below identified individual (the "decedent") and arrange the final disposition of the cremated remains, as set forth on this form.

I (We) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to VHC for cremation. Otherwise, I (We) have elected to waive the right to identify the human remains at the funeral home

IDENTIFICATION

Name of the Deceased: _____, Resident of: _____
Date of Death: _____, Time of Death _____ AM/PM
Place of Death (City/Town/Borough): _____ County _____ State _____
Sex: _____ Race _____ Age _____ Date of Birth _____
Was death caused by an infectious or contagious disease? No Yes (explain) _____

PACEMAKERS, RADIOACTIVE IMPLANTS AND NON-COMBUSTIBLE MATERIAL

The decedent's remains do not contain a pacemaker, radioactive implants or any other electronic device that could be harmful to the crematory. They are safe to cremate. Initials of AA _____

The following list contains all existing devices (including all mechanical and radioactive implants) which are implanted in or attached to the decedent that should be removed prior to cremation: _____

I have instructed the funeral home to remove or arrange for the removal of these devices and to properly dispose of them prior to transporting the decedent to VHC. Initials of AA _____

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO THE VHC.

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible) will be separated and removed from the human bone fragments by visible or magnetic selection. These non-combustible items may include hinges, latches, nails, prosthesis and surgical implants. I (We) authorize VHC to dispose of these non-combustible material items as it may see fit. VHC will not return to the next of kin any non-combustible materials without the written request of the next of kin prior to receiving the body for cremation. Initials of AA _____

TIME OF CREMATION

VHC is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, without obtaining any further authorization or instructions. The cremated remains to be placed in a crematory container or an urn. The cremated remains shall be released to the funeral director unless otherwise directed in writing.

AUTHORITY OF AUTHORIZING AGENT

I (We), the undersigned, hereby certified that I (We) am (are) the closest living next of kin of the decedent and that I (We) am (are) related to the decedent as his/her _____ or that I otherwise serve (served) in the capacity of _____ to the decedent, that I (We) have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the state of Massachusetts to execute the authorization form and to arrange for the cremation and disposition of the cremated remains of the decedent. In addition, I (we) am (are) aware of no objection to this cremation by any spouse, child, parent or sibling of the decedent.

SIGNATURE OF AUTHORIZING AGENT(S)

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements are made to direct VHC to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained in this form.

Executed at _____ this _____ day of _____, 20 _____.

Name of Deceased: _____

Name of Authorizer: _____ Signature: _____

Relationship to Decedent: _____

Address: _____

Name of Authorizer: _____ Signature: _____

Relationship to Decedent: _____

Address: _____

Signature of Funeral Director as Witness for Signature(s) of Authorizing Agent(s): _____

Name & Address of Funeral Home: _____

NOTE: BELOW IDEMNIFICATION AGREEMENT TO BE SIGNED ONLY IN THE ABSENCE OF THE "NEXT OF KIN".

**VINE HILLS CREMATORY
INDEMNIFICATION AGREEMENT**

This is an Agreement between Vine Hills Crematory, 102 Samoset Street, Plymouth, MA 02360 (VHC) and the UNDERSIGNED (the "Undersigned").

WHEREAS, Vine Hills Cemetery owns and operates a crematory at 102 Samoset Street, Plymouth, MA 02360; and

WHEREAS, the Undersigned has requested that the dead body of

(Name of Decedent)

be cremated; and

WHEREAS, the Undersigned is not the "next of kin";

VHC and the Undersigned agree that VHC will cremate the above deceased person for consideration of the usual monetary payment and the further consideration of the following:

1. The Undersigned agrees to indemnify and hold the VHC harmless from and against (a) any claims successfully asserted against the VHC arising out of the VHC's cremation of the above dead body, and (b) any claims made by the next of kin, heirs, relatives of the said deceased person asserted against the VHC that the VHC did not have legal authority to cremate the said deceased person.
2. The Undersigned agrees to indemnify and hold the VHC harmless from and against any claims validly asserted against the VHC arising out of the VHC's cremation of the said deceased person. The Undersigned is requesting that the VHC cremate the above deceased person. The indemnification by the Undersigned pursuant to the within Indemnification Agreements shall include reasonable expenses and legal fees incurred by VHC.

_____ Relationship to Deceased: _____
The Undersigned

_____ Date: _____
Print Name & Address

_____ Date: _____
Witness (Funeral Director)