



SPECIAL INSTRUCTIONS FROM FUNERAL DIRECTOR – In the space below, please indicate instructions regarding the division of cremated remains, the date and time when cremated remains need to be available and / or any other special instructions to the crematory staff. If additional space is needed, please use the reverse side of this form.

AUTHORIZATION AND INSTRUCTIONS FOR CREMATION CARE

Please review the *Blue Hill Cemetery and Crematory Statement of Policies and Procedures* available at the funeral home and on the “Crematory” tab at www.bluehillcemetery.com. Right of authorizing agent is defined in the Code of Massachusetts Regulations by the Board of Registration in Embalming and Funeral Directing, 239 CMR, Section 3.09 *Control Over Arrangements and Disposition of Human Remains*, Paragraph (c).

AUTHORIZING AGENT - I hereby acknowledge and certify that I am signing this document as authorizing agent for the cremation of the decedent named below. 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 decedent’s cremated remains. If I am not the primary authorizing agent (immediate next of kin), I agree to also sign the applicable **AUTHORIZATION BY PROXY** form.

I, as authorizing agent, hereby grant Blue Hill Crematory permission to cremate the remains of:

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

DESIGNATED FUNERAL HOME - I hereby authorize the designated funeral home / cremation service indicated below to act as my representative and hereby direct said funeral home / cremation service to carry out the authorization and instructions as indicated on this document.

IMPLANTED MEDICAL DEVICES - Pacemakers and other implanted medical devices are likely to explode when subjected to the high temperatures inside the cremation chamber. If such device(s) exist(s), I have instructed the undersigned funeral director responsible for preparing the decedent for cremation to remove any such device(s) from the decedent’s remains prior to transferring the decedent to Blue Hill Crematory for cremation. I also acknowledge and agree, in the event of my failure to notify the funeral director responsible for the removal of such a device(s), that I will be liable for any damages to the crematory facility and / or cremation equipment and / or injury to crematory personnel.

NON-COMBUSTIBLE RETRIEVABLE METAL - Although non-combustible, any metal that is present in or on the decedent, e.g. prosthetic implants, dental metal, jewelry, etc., as well as the metal components of the cremation container / casket, e.g. staples, screws, fasteners, etc., will be destroyed during the cremation process. Such non-combustible metal will be retrieved and held at Blue Hill Crematory then collected for recycling by a third-party vendor specializing in post-cremation metal. Proceeds from the non-combustible retrievable metal will be donated to benefit St. Jude Children’s Research Hospital in Memphis, TN.

INSTRUCTIONS FROM AUTHORIZING AGENT or FUNERAL DIRECTOR REGARDING CONTAINER(S) FOR CREMATED REMAINS

Please mark the box(es) below indicating the container(s) into which Blue Hill Crematory staff should place the decedent’s cremated remains.

I hereby instruct Blue Hill Crematory to place the decedent’s cremated remains into the following container(s): **UTILITY** – plastic utility urn(s) and / or metal utility keepsake(s) provided by Blue Hill Crematory as part of our cremation services; **ORNAMENTAL** – ornamental urn(s) / keepsake(s) / cremation jewelry selected by the authorizing agent and provided to the crematory by the funeral home. If cremated remains are to be divided into multiple containers, please indicate specific preferences in the **SPECIAL INSTRUCTIONS** section above. **NOTE:** If any ornamental container(s) selected by the authorizing agent and provided to the crematory by the funeral home is / are insufficient for containing the entire volume of cremated remains, Blue Hill Crematory is authorized to place the remaining cremated remains into a utility container deemed appropriate and sufficient in size for such purpose. I hereby authorize Blue Hill Crematory to release the cremated remains of the decedent into the custody of the designated funeral home unless otherwise indicated in the **SPECIAL INSTRUCTIONS** section above.

Entrusted to Our Care

Executed on _____ **by (please use multiple forms for multiple authorizing agents):**

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

Representative Acceptance - I consent and agree to act as representative for the authorizing agent named above:

Name of Representative Funeral Director	Name and Address of Funeral Home	F. D. License Number
(Print)	Casper Funeral & Cremation Services 187 Dorchester Street Boston, MA 02127	
(Sign)		