

CREMATION AUTHORIZATION

The Commonwealth of Massachusetts
County of Middlesex

Cremation Number _____
Cremation Date _____

The undersigned authorizes the Newton Cemetery Corporation, a Massachusetts corporation (the "Corporation"), in accordance with and subject to the laws of The Commonwealth of Massachusetts and the Rules and Regulations of the Corporation, to cremate on the _____ day of _____, 20____, or as soon as practicable thereafter, the remains of _____, late of _____ who died in _____ at _____ o'clock ____ M., on the _____ day of _____, 20____, born on the _____ day of _____, _____, and agrees to be responsible for and pay all charges incurred with respect to this authorization.

To my knowledge, based upon a reasonable investigation of the facts: (i) the death of the deceased [] was [] was not due to infectious or contagious disease and (ii) the deceased, immediately prior to death, [] was [] was not infected with an infectious or contagious disease. I understand if I fail to notify the Corporation about death by infectious disease or about such an infected condition, that I will be liable for any damages to the Corporation or injury to Corporation personnel arising therefrom. The nature of any such infectious or contagious disease may be described as _____ and I understand that the Corporation, in its sole discretion, may seek additional information concerning the nature or extent of such disease prior to cremation.

It is requested that the following disposition be made of the remains:

- Place the cremated remains within Newton Cemetery, _____.
- Deliver the cremated remains to _____.

The undersigned hereby authorizes the Corporation to deliver the cremated remains to such person at the office of the Corporation or via Registered Mail and agrees to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless the Corporation from any and all claims related to said shipment.

Unless otherwise indicated above, the Corporation will deliver the cremated remains to the undersigned at the office of the Corporation or via Registered Mail on or after the 30th day from the day hereof and the undersigned agrees to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless the Corporation from any and all claims related to said shipment.

I hereby certify that I am related to the deceased as _____; the deceased died of natural causes and I have the right to authorize this cremation and the disposition of the cremated remains. I understand that due to the nature of the cremation process any valuable material, including dental gold, will either be destroyed or will not be recoverable. Accordingly, any personal possessions either have been removed or may be removed or destroyed by the Corporation.

I understand that the cremated remains will be reduced in size and placed in an urn. If any urn selected and provided by the undersigned in connection with this authorization is insufficient properly to maintain the cremated remains (whether for reason of its size or otherwise) the Corporation is authorized to place the cremated remains in any container deemed by the Corporation to be appropriate.

I further agree that I will indemnify and hold harmless the Corporation and its trustees, officers and employees from any liability, costs, expenses, or claims resulting from this authorization.

I further state that the deceased has not had a heart pacemaker implanted, radiation producing implant device nor any other life sustaining device that could be explosive. If such a device exists, I have instructed the funeral director or others to remove it before cremation. I also 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 Corporation or injury to Corporation personnel.

It is agreed that the cremation authorized hereby may be delayed, in sole discretion of the Corporation, in order to permit the Corporation to verify the authority granted hereunder.

Authorizing Agent

Mailing Address

Type or Print Name

City State Zip Code

Date

(_____) _____
Telephone

Witness (not required when notarized below)

Date

Type or Print Name

(_____) _____
Telephone

FACSIMILE TRANSMISSION APPROVAL

(This document must be executed in the presence of a Notary Public for facsimile transmission.)

I hereby certify that I am the person listed on the above Cremation Authorization as the Authorizing Agent, legally permitted to authorize the cremation of _____, and that I have executed this form in the presence of a Notary Public, as described below. In addition to all other authorizations, representations and warranties contained in the Cremation Authorization, I hereby authorize the Corporation to cremate the body of _____ upon its receipt of an executed copy of this Cremation Authorization, sent by facsimile transmission or other means of electronic telecommunication. I agree to hold the Corporation harmless and to fully indemnify it for any such action that it takes based upon a facsimile transmission or other electronically reproduced copy of this material. I further warrant that I will arrange for the original version of these documents, that bear my actual signature, to be delivered directly to the Corporation via overnight delivery.

NOTARY ACKNOWLEDGEMENT

State of _____)

(ss)

County of _____)

I am a Notary Public and I hereby confirm that _____, whose signature is set forth above as Authorizing Agent, executed this Cremation Authorization in my presence.

Subscribed to and sworn before me this _____ day of _____, 20 ____.

Notary Public

[SEAL]

My Commission Expires: _____