

January 11, 2011

Notification of Cremation

(PRINT OR TYPE ONLY)

Funeral Home _____ Contact _____

Full Legal Name of Deceased _____

Date of Birth _____ Place of Birth _____

Date of Death _____ Place of Death _____

Arrival to crematory on: _____ Approximate Time _____

Remains arriving in: Cloth Casket _____ *Wood Casket _____ Alt. Cont. _____

***Checked for metal bed in casket. Checked and Removed Pacemaker*.**

Medical Examiner by: Mount Auburn _____ Funeral Director _____

Return Cremated Remains In: Urn _____ Plastic _____ Cardboard _____

Name of Legal Custodian _____

Address _____

Relationship _____ No Living Relative Statement _____

**ALL PRIORITIES, FAMILY VIEWINGS OR SPECIAL
REQUESTS SHOULD BE CALLED IN TO THE OFFICE.
TO AVOID ANY DELAYS OR TECHNICAL PROBLEMS.**

Return Fax to: 617-607-2420