



# Mahoney Funeral Home

187 Nesmith Street

Lowell, Massachusetts 01852

Telephone 978-458-6361

## DEPOSITION

TO WHOM IT MAY CONCERN:

BE IT KNOWN THAT I / WE, THE UNDERSIGNED, HEREBY DECLARE THAT IT WAS THE WISHES OF THE DECEASED, **Deceased FIRST MI LAST Name**, THAT HIS/HER FUNERAL AND DISPOSITION BY \_\_\_\_\_ BE CARRIED OUT IN THE MANNER THAT I / WE HAVE SO DIRECTED.

IN LIGHT OF THE REFUSAL OF ANY OTHER RELATIVES TO ACT AS NEXT OF KIN AND AGENTS FOR THE ESTATE OF SAID Deceased FIRST MI LAST, I/WE HAVE ASSUMED THAT RESPONSIBILITY, AND SHALL HOLD THE MAHONEY FUNERAL HOME OF LOWELL, MASS., HARMLESS AND FREE OF LIABILITY IN THE FULFILLMENT OF OUR WISHES ON BEHALF OF SAID ESTATE.

SIGNED AT LOWELL, MASS., ON \_\_\_\_\_

, BY: \_\_\_\_\_



Signed \_\_\_\_\_

Informant First Mi Last Name

Signed \_\_\_\_\_

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Informant Address

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHARGE FOR SERVICES SELECTED:**

PROFESSIONAL SERVICES  
 Services of Funeral Director and Staff..... \$ \_\_\_\_\_  
 Embalming and or other preparation of the body \$ \_\_\_\_\_  
 Casketing & Dressing..... \$ \_\_\_\_\_  
 Professional Pall Bearers..... \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL PROFESSIONAL SERVICES..... \$ \_\_\_\_\_**

FACILITIES AND SERVICE  
 Use of facilities and Staff for Viewing/Visitation.. \$ \_\_\_\_\_  
 Additional facilities and/or Staff Funeral Ceremony \$ \_\_\_\_\_  
 Use of facilities and/or Staff for Memorial Service \$ \_\_\_\_\_  
 Use of equipment & Staff for Cemetery Service.... \$ \_\_\_\_\_  
 Equipment & Staff Visitation/Service same day \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL FACILITIES AND EQUIPMENT..... \$ \_\_\_\_\_**

AUTOMOTIVE EQUIPMENT  
 Transfer of remains to the Funeral Home..... \$ \_\_\_\_\_  
 Hearse (Casket Coach)..... \$ \_\_\_\_\_  
 Limousine..... \$ \_\_\_\_\_  
 Additional Limousine for Family or Pallbearers \$ \_\_\_\_\_  
 Flower Transportation ..... \$ \_\_\_\_\_  
 Out of town transportation..... \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL OF AUTOMOTIVE EQUIPMENT..... \$ \_\_\_\_\_**

**TOTAL OF SERVICES SELECTED..... \$ \_\_\_\_\_**

**CHARGE FOR MERCHANDISE SELECTED:**

Casket or it's Replica (or recepticle) \$ \_\_\_\_\_  
 Name/No. \_\_\_\_\_  
 Material \_\_\_\_\_  
 Inventory # \_\_\_\_\_  
 Outer Burial Container..... \$ \_\_\_\_\_  
 Name/No. \_\_\_\_\_  
 Material \_\_\_\_\_  
 Acknowledgement Cards..... \$ \_\_\_\_\_  
 Register Book(s)..... \$ \_\_\_\_\_  
 Memory Folders / Prayer Cards..... \$ \_\_\_\_\_  
 Cremation urn..... \$ \_\_\_\_\_  
 Name/No. \_\_\_\_\_  
 Burial clothing..... \$ \_\_\_\_\_  
 Name/No. \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL MERCHANDISE SELECTED..... \$ \_\_\_\_\_**



**Mahoney Funeral Home**

187 Nesmith Street Lowell, Massachusetts 01852  
 Telephone 978-452-6361

**Please call the funeral home with the slightest question or problem.**

**STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED**

**Services for** Deceased FIRST MI LAST Name Soc. Sec. # \_\_\_\_\_  
 Date of Contract \_\_\_\_\_ Date of Service \_\_\_\_\_ Case # \_\_\_\_\_ Preplan # \_\_\_\_\_

Charges are only for those items that you selected or required. If we are required by law, cemetery or crematory to use any items, we will explain the reason in writing below. If you selected a funeral that may require an embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for an embalming you did not request or approve if you selected arrangements such as a direct cremation or immediate burial. If we charge you for embalming, we will explain why below. All items on this contract may carry a charge for our services in procuring these items or services you request. This Contract when signed is **IRREVOCABLE**

**OTHER SPECIAL SERVICES**

Forwarding to:  Receiving from: \_\_\_\_\_ \$ \_\_\_\_\_  
 Immediate Burial..... \$ \_\_\_\_\_  
 Direct Cremation..... \$ \_\_\_\_\_  
 Other..... \$ \_\_\_\_\_  
**TOTAL OF SPECIAL CHARGE..... \$ \_\_\_\_\_**

**OTHER SUPPLIES AND SERVICES**

Cemetery or Crematory ..... \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Obituary/Online ..... \$ \_\_\_\_\_  
 Obituary ..... \$ \_\_\_\_\_  
 Flowers ..... \$ \_\_\_\_\_  
 Airfare..... \$ \_\_\_\_\_  
 Clergy/Church offering..... \$ \_\_\_\_\_  
 Certified Copies of the Death Certificate.. #..... /..... \$ \_\_\_\_\_  
 Music..... \$ \_\_\_\_\_  
 Memorial Reception ..... \$ \_\_\_\_\_  
 Permit for Disposition ..... \$ \_\_\_\_\_  
**TOTAL OF ADVANCES..... \$ \_\_\_\_\_**

**SUMMARY OF CHARGES**

**TOTAL PROFESSIONAL SERVICES..... \$ \_\_\_\_\_**  
**TOTAL FACILITIES AND EQUIPMENT..... \$ \_\_\_\_\_**  
**TOTAL OF AUTOMOTIVE EQUIPMENT..... \$ \_\_\_\_\_**  
**TOTAL MERCHANDISE SELECTED..... \$ \_\_\_\_\_**  
 Sales Tax (if App) @ \_\_\_\_\_ %..... \$ \_\_\_\_\_  
**TOTAL OF SPECIAL CHARGES..... \$ \_\_\_\_\_**  
 Cash Advances..... \$ \_\_\_\_\_  
**TOTAL OF ALL SECTIONS..... \$ \_\_\_\_\_**  
**PAYMENT MADE** \_\_\_\_\_ \$ \_\_\_\_\_  
**Less: Online Credit** \_\_\_\_\_ \$ \_\_\_\_\_  
**BALANCE DUE** \_\_\_\_\_ \$ \_\_\_\_\_

Interest at the rate of 1.5% per month, 18% annually,  
 will be added after one day

**DISCLOSURES. All prices subject to inflation and regulation.**

2. If any law, cemetery or crematory requirements have required an embalming or the purchase of any items, the law or requirement is explained below.

Cemetery or Crematory requires the use of an outer container.

If Embalming was done, family authorized. ALL PRICES

**SUBJECT TO INFLATION AND REGULATION**

**Acknowledgement and agreement**

I hereby acknowledge that I have the right to arrange the service for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified in this Statement. I acknowledge that a Casket Price List and an Outer Burial Container Price List were made available to me and that a copy of the General Price List dated \_\_\_\_\_ was given to me prior to my making financial arrangements.

**Terms of payment** Unless prior arrangement are made payment is expected before service.

If any payment is not paid when due, an unanticipated LATE FEE of 1.5 % per month (ANNUAL PERCENTAGE RATE 18 %) on the unpaid balance will be due. I agree to pay the Balance Due as listed on this Statement, plus any Late Fee. In the event I default in payment to this funeral establishment, I agree to pay reasonable Attorney fees and all court costs in addition to any Late Charge that is applicable. I understand and agree that I am assuming personal liability for all the charges set forth in this Statement, and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the terms and acknowledge receipt of a signed copy of this Statement.

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
 INFORMANT First MI Last NAME  
 INFORMANT ADDRESS  
 \_\_\_\_\_  
 x \_\_\_\_\_  
 Co-Signed \_\_\_\_\_ Dated \_\_\_\_\_

**ACCEPTANCE BY FUNERAL HOME**

Our funeral home agrees to provide, or obtain, all the services, merchandise, and other items as indicated on this statement.

License # \_\_\_\_\_



# Mahoney Funeral Home

187 Nesmith Street Lowell, Massachusetts 01852-3399  
Telephone (978) 452-6361

I authorize Mahoney Funeral Home of Lowell, MA, to scatter at sea the cremated remains of Deceased FIRST MI LAST Name after a failed delivery attempt, failed attempts to contact the family, and over 1 year has passed.

I/We are the closest living relatives able to make funeral arrangements.

Signed: \_\_\_\_\_

Informant First Mi Last Name  
Printed Name

Informant Address  
Address

City State Zip Code

Relationship

# Authorization For Cremation

Date \_\_\_\_\_

I(we) the undersigned (the Authorizing Agent) hereby authorize and request MERRIMACK CREMATION SERVICE in accordance with and subject to its rules and regulations, and any applicable state or local laws to cremate the remains of Deceased FIRST MI LAST Name the (decedent) and to arrange for the final disposition of the cremated remains as forth in this document. I (we) have identified the human remains that were delivered to the funeral home as the above named decedent, and have authorized the funeral home deliver the remains to the crematory, for cremation. I(we) have read this form and herby authorize the crematorium to perform the cremation of the decedent in accordance with it's provisions. (See reverse side of this document)

Date of death \_\_\_\_\_ Time of death \_\_\_\_\_ AM/PM Place of Death \_\_\_\_\_

Decedents Age \_\_\_\_\_ Sex \_\_\_\_\_ Place of Residence \_\_\_\_\_

Did decedent have or is suspected to have an infections or contagious disease? Yes / No If yes, explain \_\_\_\_\_

### Pacemakers, Prosthesis, Silicon, and Radioactive implants

Initial one of the next two statements

I understand that pacemakers, prosthesis, mechanical and radioactive implants can be harmful to the crematory and must be removed prior to cremation. The decedent did not have any such device or implant and the the remains are safe to cremate Initial \_\_\_\_\_

The following list contains all existing devices which are implanted 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 **or** and to properly dispose of them prior to transporting the decedent to the crematory. Initial \_\_\_\_\_

### Final Disposition

The crematory is authorized to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions.

After the cremation has taken place, the cremated remains have been processed, and the processed cremated remains placed in the designated urn or receptacle, the crematory will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorize the crematory to deliver, transport, or ship the cremated remains as specified. (please specify)

Deliver To Mahoney Funeral Home, 187 Nesmith Street, Lowell, MA 01852 Before 10 days from receipt

Ship to (via US Postal Service, certified, return receipt mail)

Merrimack Cremation Service is not responsible for any transportation of remains by other than crematory personnel

Other: \_\_\_\_\_

### Limitation of Liability

As the authorizing agent(s), I (we) hereby agree to indemnify, defend, and hold harmless the Crematory, and funeral home, and its officers, agents, and employees, of an from any and all claims, demands, cause or causes of actions, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation arising as a result of, based upon, or connected with this authorization and any subsequent acts and or service provided by the crematory and funeral home, its officers, agents, or employees excepting only willful negligence.

### Authority of Authorizing Agent

I(we) the undersigned do hereby certify that I have charge of the remains of the decedent and such posses full legal authority and power, under the laws of the State of New Hampshire, and the Commonwealth of Massachusetts to execute this authorization form and to arrange for the cremation and disposition of the decedent. By executing this cremation authorization, as authorizing agent(s), the undersigned warrant that all representations and statements contained herein are true and correct, that these statements were not made to induce the crematory to cremate the human remains of the decedent, and the undersigned have read and understood all of the provision, policies, and procedures contained on this form.

Signatures and relations

INFORMANT First MI Last NAME  
INFORMANT ADDRESS

Signature of funeral director \_\_\_\_\_

Name and address of funeral home Mahoney Funeral Home, 187 Nesmith Street, Lowell, MA 01852



# Mahoney Funeral Home

187 Nesmith Street Lowell, Massachusetts 01852  
Telephone 978-452-6361

**Please EXTRA CAREFULLY review all information for the slightest error, after the Death Certificate is filed it is IMPOSSIBLE to fix even the slightest error.**

Decedent First Middle Last Name  
**Deceased FIRST MI LAST Name**

Deceased address

Sex Date of Death Town or City of Death County of Death

Name of Hospital or Other Institution (address if not in either- give address)

Social Security Number Veteran of Which War

**Information is Correct**

Age Race Education

Date of Birth Place of Birth

Marital Status Last Spouse Maiden Name

Occupation Kind of Business or Industry

Father's Full Name Father's birthplace

Mother's Full Maiden Name Mother's birthplace

Informant Name Address relationship  
**INFORMANT First MI Last NAME INFORMANT ADDRESS**

Name of Cemetery/Crematory date of disposition City/Town State

**Please EXTRA CAREFULLY review all information for the slightest error, after the Death Certificate is filed it is IMPOSSIBLE to fix even the slightest error.**



# Mahoney Funeral Home

187 Nesmith Street Lowell, Massachusetts 01852 (978) 452-6361

The Federal Trade Commission's Funeral Industry Practices Rule requires certain disclosures and prohibits misrepresentations. This Disclosure/Disclaimer form is a checklist we ask those we serve to read and sign if during the arrangements for the funeral of **FIRST MI LAST** on our firm complied with the following:

1. The undersigned received a General Price List effective on June 16, 2017 prior to discussing prices, services, or merchandise.
2. The undersigned received a Casket Price List effective on June 16, 2017 prior to viewing or discussing prices of caskets.
3. The undersigned received an Outer Burial Container Price List effective on June 16, 2017 prior to viewing or discussing prices of outer burial containers.
4. The undersigned were not told that embalming is required by law and were told that the law does not require embalming except in certain cases. If embalming was provided, it was done with the permission of the undersigned.
5. The undersigned were not told that the law requires embalming for direct cremations, immediate burial, or if refrigeration is available and the funeral is without viewing or visitation.
6. The undersigned were informed that the law does not require a casket for direct cremation.
7. The undersigned were informed that the law does not require the purchase of an outer burial container.
8. The funeral home made no representations to the undersigned that embalming or the use of any merchandise available from the funeral firm would delay the decomposition of the remains for a long time or indefinite time.
9. The undersigned understands that the funeral home has disclaimed all warranties with regard to caskets, outer burial containers, and other merchandise sold by the funeral home. The undersigned further understands that the only warranties, express or implied, granted in connection with the goods sold by the funeral home are the express written warranties, if any, which are extended by the manufacturers of the goods. No other warranties, including the implied warranties of merchantability or fitness for a particular purpose are extended by the funeral home.
10. The undersigned agrees that we were not told that the amount of each of the cash advance items was the cost to the funeral firm. We were told that the cost may be different based on volume or cash discounts or other professional/trade customs.

Done on \_\_\_\_\_ Time: \_\_\_\_\_

Persons making arrangements

**Sign Here X**

I understand Social Security will be notified that the death occurred

YES or NO

\_\_\_\_\_ Initials



I give the Funeral Home, licensed funeral directors registered embalmers and registered apprentices have permission for EMBALMING. I understand embalming is not required by law, I understand that public officials as well as medical personnel are permitted in the preparation room in the discharge of their duties. I understand that this is not a legal requirement, and that embalming and all casket and burial/cremation products do not prevent decomposition. Choosing no is recommended for cremation services without a viewing, and choosing yes is recommended for services with a viewing.

YES or NO \_\_\_\_\_

\_\_\_\_\_ Initials



I understand all prices reviewed today are subject to inflation and regulation and are subject to change without notice.

YES or NO \_\_\_\_\_

\_\_\_\_\_ Initials



I understand that all schedules are subject to change.(i.e Medical Examiner, Doctor, City/Town Permitting, Cemetery/Crematory etc.)

YES or NO \_\_\_\_\_

\_\_\_\_\_ Initials



This is an Agreement between MAHONEY FUNERAL HOME, 187 Nesmith St., Lowell, MA 01852 (the 'Funeral Home') and the UNDERSIGNED (the "Undersigned").

WHEREAS, MAHONEY FUNERAL owns and operates a Funeral Home at 187 Nesmith St., Lowell, MA; and

WHEREAS, the Undersigned has requested that the dead body of

**Deceased FIRSTMILAST Name**

be CREMATED; and

WHEREAS, the Undersigned may not be the 'next of kin';

Mahoney Funeral Home and the Undersigned agree that Merrimack Cremation Service 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 Crematory harmless from and against (a) any claims successfully asserted against the 'Crematory' arising out of the Crematory's cremation of the above dead body, and (b) any claim made by the next of kin, heirs, relatives of the said deceased person asserted against the 'Crematory' that the 'Crematory' did not have legal authority to Cremate the said deceased person.

2. The Undersigned agrees to indemnify and hold the Funeral Home harmless from and against any claims validly asserted against the 'FUNERAL HOME' arising out of the 'FUNERAL HOME'S' CREMATION of the said deceased person. The Undersigned is requesting that the 'FUNERAL HOME' CREMATE the above deceased person. The indemnification by the Undersigned pursuant to the within Indemnification Agreement shall include reasonable expenses and legal fees incurred by MAHONEY FUNERAL HOME.

MAHONEY FUNERAL HOME

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The "Undersigned"

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Signed  
Relation:  
Address:

INFORMANT First MI Last NAME  
INFORMANT ADDRESS

## **Merrimack Cremation Service Policies, Procedures and Requirements**

The cremation processing and disposition of the remains of the deceased shall be performed in accordance with all governing laws, and the policies, procedures and requirements of Merrimack Cremation Service (MCS) and the designated funeral home.

This document describes many of the policies and requirements of Merrimack Cremation Service and is incorporated in our Cremation Authorization Form. We suggest you take the time to read this document carefully before executing the Cremation Authorization Form.

### **MERRIMACK REQUIREMENTS FOR CREMATION**

CREMATION WILL ONLY TAKE PLACE AFTER ALL OF THE FOLLOWING CONDITIONS HAVE BEEN MET

1. Any scheduled ceremonies or viewings have been completed, 2. 48 Hours have lapsed since the time of death, 3. Civil and medical authorities have issued all of the required permits. 4. All necessary authorities have been obtained and there have been no objections raised.

### **CASKETS AND CONTAINERS**

All caskets and/or containers must meet NH State requirements as a "Suitable solid container" He-P 601.05. Many caskets that are comprised of combustible material also have some exterior parts e.g., decorative handles and rails that are not combustible and that may cause damage to the cremation equipment, MCS reserves the right to remove the materials prior to cremation and discard them with other similar materials from other cremations in a non recoverable manner.

### **PACEMAKERS, PROSTHESIS and RADIOACTIVE DEVICES**

Pacemaker and prosthesis as well as any other mechanical or radioactive devices or implants in the deceased, may create a hazardous condition when placed in the cremation chamber. It is imperative that pacemakers and radioactive devices be removed prior to cremation. If the funeral home is not notified about such devices and implants, and not instructed to remove them, then the person(s) authorizing the cremation will be responsible for any damages caused to Merrimack Cremation Service or crematory personnel by such devices or implants.

### **THE CREMATION PROCESS**

All cremations are performed individually. Exceptions are only made in the case of close relatives, and then only with the prior written instructions of the Authorizing Agent(s)

Cremation is performed by placing the deceased in a casket or other container and then placing the casket or container into a cremation chamber or retort, where they are subject to intense heat and flame. During the cremation process it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and body is accomplished and all the substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other nonhuman material) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (As well as any body prosthesis or dental bridgework), that is left with the decedent and not removed from the casket or container prior to cremation will be destroyed or if not destroyed it, Will be disposed by MCS. As the casket or container will not normally be opened by MCS (To remove valuables, to allow for a final viewing or any other reason), arrangements must be made with the funeral home to remove any such possessions or valuables prior to the time the decedent is transported to MCS.

Following a cooling period, the cremated remains, which will morally weigh several pounds in the case of an average sized adult, are then swept or raked from the cremation chamber. MCS makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every effort will be made to avoid comingling, inadvertent or incidental comingling of minute particles of cremated remains from the residue of previous cremations is a possibility.

After the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragment. Unless otherwise specified, after the bone fragments have been separated from the other materials, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental comingling of the remains with the residue from the processing of previously cremated remains

### **URNS/CONTAINERS**

After the cremated remains have been processed, they will be placed in the designated urn or container. MCS will make a reasonable effort to put all of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment. In the event the urn or container provided is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on the Cremation Authorization Form.

### **FINAL DISPOSITION**

Cremation is NOT final disposition, nor is placing the cremated remains in storage at a funeral home final disposition. The cremation process simply reduces the decedent's body to cremated remains. These cremated remains usually weigh several pounds and usually measure in excess of 150 cubic inches. Some provisions must be made with the final disposition of these cremated remains. Therefore, MCS strongly suggests that arrangements for final disposition be made at the time that the cremation arrangements are made in that the Cremation Authorization Form is completed.

If the final disposition of the cremated remains has not been completed within 60 days of the cremation, then MCS shall be authorized to arrange for the final disposition of the cremated remains in any manner permitted by law.





# Mahoney Funeral Home

187 Nesmith Street Lowell, Massachusetts 01852  
Telephone (978) 452-6361

Independently Owned and Operated by John L. McDonough

To whom it may concern:

Please release to Mahoney Funeral Home, Lowell MA 01852

The body of Deceased FIRST MI LAST Name  
, and any personal effects that you may also have in your custody.  
I/We are the closest living relatives able to make funeral arrangements.



Signed: \_\_\_\_\_

Informant First Mi Last Name

Printed Name

Informant Address

Address

City

State

Zip Code

Relationship