

MOUNT AUBURN CEMETERY & CREMATORY

580 Mount Auburn Street / Cambridge, MA 02138

Tel (617) 547-7105 / Fax (617) 607-2420

NOTIFICATION OF CREMATION

-Please Print or Type-

DECEDENT INFORMATION

Funeral Home _____ Contact _____

Full Legal Name of Deceased _____

Date of Birth _____ Place of Birth _____

Date of Death _____ Place of Death _____

ARRIVAL AT CREMATORY

Date _____ Time (*approximate*) _____

Container Type: Cloth Casket Wood Casket Alternative Container

Removed (*if applicable*): Metal Bed in Casket Pacemaker

Medical Examination: will take place at Mount Auburn
was completed prior to arrival at Crematory

RETURN OF CREMATED REMAINS

Place Cremated Remains In: Urn Temporary Container

Name of Legal Custodian _____

Address _____

Relationship to Decedent _____ No Living Relative Statement

Fax Completed Form to 617-607-2420

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