Mount Pleasant Cemetery & Crematory
352 Mount Pleasant Street
PO Box 296
Saint Johnsbury, Vermont 05819-1134

Regulations Regarding Cremation

1. Required forms:
   a. Medical Preliminary Report of Death (PROD) filled out by doctor and filed electronically with vital records. The doctor knows to do this.
   b. Demographic PROD filled out by the family and forwarded to the crematory.
   c. Burial Transit Permit, obtained by crematory
   d. Medical Examiner's Permit to Cremate obtained by the crematory for a fee of $60.
   e. Mount Pleasant Cemetery and Crematory Cremation Authorization.
2. When a body is brought from another state, there must be compliance with the laws of that state.
3. The fee for cremation is $350 and must be paid in advance.
4. Crematory personnel will call to notify you when you can pick up the remains. There is an additional $35 fee for mailing remains.
5. Remains will be packaged in a temporary container unless you choose to provide an urn in advance.
6. The body to be cremated must be in a wooden casket or other suitable rigid container before arriving at the crematory. Mount Pleasant can provide you with a container for a fee of $70 or you may choose to build your own casket.
   a. If building your own casket, please be sure the bottom is completely flat and that the container is lined with plastic sheeting.
      i. Recommended size is: 24" wide (max 28")
      6' long (max 6.5')
      12" deep (max 16")
7. Any and all implanted electronic devices (pacemakers, defibrillators, etc) must be removed prior to arrival.

Stephanie Wissler | Superintendent
Mount Pleasant Cemetery & Crematory
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swissler@mpccstj.com

Name Known to Physician:	Date of Death:

DH-PHS-PROD-2012

STATE OF VERMONT
DEPARTMENT OF HEALTH
Preliminary Report of Death – Demographic Information

Type or Print in Black Ink

To Be Completed/Verified By: FUNERAL DIRECTOR OR PERSON ACTING AS SUCH

1a. DECEDENT'S LEGAL NAME *(First, Middle, Last, Suffix)*

1b. ALIASES *(Any other names the decedent used or was known as)*

1c. DECEDENT'S LAST NAME AT BIRTH

2. SEX: ☐ Male ☐ Female

3. SOCIAL SECURITY NUMBER

4a. AGE-LAST BIRTHDAY *(Years)*

4b. IF UNDER 1 YEAR — Months / Days

4c. IF UNDER 1 DAY — Hours / Minutes

5. DATE OF BIRTH *(Month, Day, Year)*

6. BIRTHPLACE *(City and State or Foreign Country - include Province if Canada)*

7a. RESIDENCE STREET AND NUMBER *(Include Apartment Number)*

7b. CITY OR TOWN OF RESIDENCE

7c. STATE OR FOREIGN COUNTRY

8a. EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No

8b. VETERAN OF ANY WAR? ☐ Yes ☐ No

8c. IF SO, WHAT WAR(S)?

9. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Married, but separated ☐ Civil Union ☐ Widowed ☐ Divorced ☐ Civil Union dissolution ☐ Never Married or in Civil Union ☐ Unknown

10a. BIRTH NAME OF SURVIVING SPOUSE / CIVIL UNION PARTNER

10b. SEX OF SURVIVING SPOUSE/PARTNER ☐ Male ☐ Female ☐ Unknown

11. FATHER'S OR PARENT'S BIRTH NAME *(First, Middle, Last)*

12. MOTHER'S OR PARENT'S BIRTH NAME *(First, Middle, Last)*

13a. INFORMANT'S NAME *(First, Middle, Last)*

13b. RELATIONSHIP TO DECEDENT

13c. INFORMANT'S MAILING ADDRESS *(Street and Number, City or Town, State, Zip Code)*

14. DECEDENT'S EDUCATION LEVEL: *(Check the box that best describes the highest degree or level of school completed at the time of death.)*

- ☐ 8th grade or less
- ☐ 9th – 12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

15. DECEDENT OF HISPANIC ORIGIN? *(Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.)*

- ☐ No, not Spanish/Hispanic/Latino/Latina
- ☐ Yes, Mexican, Mexican American, Chicano/Chicana
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino/Latina (Specify) _____

16. DECEDENT'S RACE: *(Check one or more races to indicate what the decedent considered himself or herself to be.)*

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____

17. DECEDENT'S USUAL OCCUPATION *(Indicate type of work done during most of working life. DO NOT USE RETIRED)*

18. KIND OF BUSINESS/INDUSTRY

19. DID DECEDENT RECEIVE HOSPICE CARE? *(In past 30 days)* ☐ Yes ☐ No ☐ Unknown

20. PLACE OF DEATH *(Indicate only one)*

If death occurred in a hospital: ☐ Inpatient ☐ Intensive Care Unit ☐ Emergency Room/Outpatient ☐ Dead on Arrival

If death occurred somewhere other than a hospital: ☐ Nursing Home / Long Term Care Facility ☐ Hospice Facility ☐ Decedent's Home ☐ Other (specify) _____

21a. FACILITY NAME *(If not institution, give street and number)*

21b. CITY OR TOWN

21c. STATE

22a. METHOD OF DISPOSITION: ☐ Temporary Storage ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (specify)

22b. PLACE OF TEMPORARY STORAGE *(Name of cemetery, other place)*

22c. LOCATION OF TEMPORARY STORAGE *(City or Town, State)*

22d. PLACE OF FINAL DISPOSITION *(Name of cemetery, crematory, other place)*

22e. LOCATION OF FINAL DISPOSITION *(City or Town, State)*

23a. NAME OF FUNERAL FACILITY OR AUTHORIZED PERSON

23b. ADDRESS OF FUNERAL FACILITY OR AUTHORIZED PERSON *(Street and Number, City, State, Zip Code)*

24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR AUTHORIZED PERSON

25. VERMONT LICENSE NUMBER

26. DATE OF DISPOSITION *(Month, Day, Year)*

If attached to a completed *Preliminary Report of Death – Medical Certification*, this document shall be acceptable for issuance of burial transit and removal permits. This is not a permanent record. A town clerk may not issue certified copies of this record.

CREMATION AUTHORIZATION

Mt. Pleasant Cemetery and Crematory
P.O. Box 296
St. Johnsbury, Vermont 05819

I (We), the undersigned (the "Authorizing Agent(s)"), hereby authorize and request Mt. Pleasant Cemetery and Crematory, in accordance with and subject to its rules and regulations, and all applicable state or local regulations, to cremate the human remains

of _____ **the "decedent", who resided at** _____

Place of Death: _____ **Date of Death:** _____ **Time of Death:** _____

Decedent's Age: _____ **Decedent's Sex:** _____

I (We) certify that I (We) are related to the decedent as _____ or

that I (We) otherwise serve in the capacity of _____ to the decedent I (We) have the right to authorize this cremation and disposition of the cremated remains. I (We) are not aware of any living person who has a superior or equal priority right to me (us). If there is any person who has a superior or equal priority right to me (Us), this form shall contain a representation that I (We) have made reasonable efforts to contact that person, have been unable to do so, and have no reason to believe that He (She) would object to the cremation. I understand that due to the nature of the cremation process any valuable material or objects, including jewelry and dental gold, will either be destroyed or not recoverable. Any personal possessions accordingly have either been removed or left with the intention of them being destroyed.

I (We) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to Mt. Pleasant Cemetery and Crematory for cremation.

Did decedent have or is suspected to have had a contagious disease? **Yes or No** If yes, please explain:_____

Has the decedent received treatments with therapeutic radionuclides? **Yes or No** If yes, date of treatment: _____

Does the decedent have a heart pacemaker? **Yes or No**

Does the Decedent have a radiation producing implant device or other life sustaining device that could be explosive? **Yes or No**

If a pacemaker or any other potentially explosive device exists, I (we) will instruct the funeral director or others to remove such object prior to cremation. I (we) also agree that in the event of my (our) failure to notify the funeral director or others responsible for the removal of such a device, I (we) shall/be liable for any damages to the crematory or injury to crematory personnel.

I (We) authorize Mt. Pleasant Cemetery and Crematory to perform the cremation upon receipt of the human remains, at its discretion, and according to its own time schedules and state laws, as work permits, without obtaining any further authorization or instructions.

I (We) request that the following disposition be made of the cremated remains:

Packaging: ( ) Urn _____ **Delivery:** ( ) Return to Funeral Home

( ) Temporary Container _____ ( ) Other _____

( ) Other _____ _____ _____

If the undersigned authorizes the ·rnatory to deliver the cremated remains via any postage or freight service carrier, they agree to have assumed all liability for any damages that may .se from any cause growing out of said delivery and will indemnify and hold harmless the Crematory and Funeral Home from any and all claims related to such delivery.

I (We) have read the opposite side of this document entitled " Mt. Pleasant Cemetery and Crematory Policies, Procedures and Requirements," and hereby authorize Mt. Pleasant Cemetery and Crematory to perform the cremation of the decedent listed in accordance with this document.

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend and hold harmless the Mt. Pleasant Cemetery and Crematory, its officers, agents and employees, of and from any and all claims, demands, causes or causes of action, and suits of any 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, including the failure to properly identify the decedent or the human remains transmitted to the Crematory, the processing, shipping and final disposition of the decedent's remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the cremation or disposition of the decedent or the decedent's cremated remains, or any other action performed by the Crematory, its officers, agents, or employees, pursuant to this authorization, exception only acts of willful negligence.

By executing this Cremation Authorization, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Mt. Pleasant Cemetery and Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained within this document.

Executed at _____ **This** _____ **day of** _____ **, 20** ____

Signature _____ **Signature** _____

Printed Name _____ **Printed Name** _____

Address _____ **Address** _____

City _____ **City** _____

State _____ **Zip** _____ **State** _____ **Zip** _____

_____

Signature of Funeral Director as Witness for Authorizing Agent(s)

_____

Funeral Home Name and Address

This authorization, duly signed and. completely filled in, must accompany decedent to the Crematory, together with burial transit permit. A copy of the death certificate is required if a medical examiner form is not supplied. The decedent or remains will not be accepted for cremation unless encased in a casket or other solid container.

SEE POLICIES, PROCEDURES AND REQUIREMENTS ON BACKSIDE

Mt. Pleasant Cemetery and Crematory

Policies, Procedures and Requirements

The cremation, processing and disposition of the remains of the deceased shall be performed in accordance with all governing laws, policies, procedures and requirements of Mt. Pleasant Cemetery and Crematory and the designated funeral home.

THESE POLICIES, PROCEDURES AND REQUIREMENTS SHOULD BE READ BY AN AUTHORIZING INDIVIDUAL OR AGENT

Requirements For Cremation

The Crematory will require the following conditions to be met before cremation can take place:
(1) Required time has transpired since the time of death if mandated by the state in which the death occurred.
(2) Civil and medical authorities have issued all permits.
(3) All necessary authorizations have been obtained.

Caskets/Solid Containers

The Crematory requires either a casket or solid container for cremation.

Many caskets that are comprised primarily of combustible material also contain some exterior parts, e.g., decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. The Crematory, at its discretion, reserves the right to remove these non-combustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

The Crematory will not accept metal caskets for cremation, as such caskets are inappropriate for cremation and the cremation equipment

Pacemakers, Prostheses and Radioactive Devices

Pacemakers and prostheses, as well as any other mechanical or radioactive devices or implants in the decedent, 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 the crematory or crematory personnel by such devices or implants.

The Cremation Process

All cremations are performed individually.

Cremation is performed by placing the deceased in casket or other solid container and placing the casket or container into a cremation chamber or retort, where they are subject to intense heat and flame. Through the use of a suitable fuel, incineration of the container and contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal 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 are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or if not destroyed, will be disposed of by the Crematory. As the casket or container will not be opened by the Crematory, arrangements must be made with the funeral home to remove any such possessions or valuables prior to the time that the decedent is transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of the average adult, are then swept or raked from the cremation chamber. The Crematory 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.

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as bridgework, and materials from the casket or container, such as hinges, latches, nails, etc., will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed of by the crematory with similar materials from other cremations in a non-recoverable manner. After the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized).

After the cremated remains have been processed, they will be placed in the designated urn or temporary container. The Crematory will make a reasonable effort to put all of the cremated remains in the urn or temporary container. In the event the urn or temporary container provided is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate container. The separate container will be kept with the primary container and handled according to the disposition instructions on the Cremation Authorization.

Final Disposition

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

Limitation of Liability

The obligations of Mt. Pleasant Cemetery and Crematory shall be limited to the cremation of the decedent's cremated remains as authorized on the Cremation Authorization. No Warranties Expressed or Implied are Made and Damages Shall be Limited to the Amount of the Cremation Fee Paid.