



Office: _____

Address: _____

Telephone: _____

CREMATION AND DISPOSITION AUTHORIZATION

Date: _____

Cremation ID No. _____

Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in section 7 of this authorization form prior to signing it. Please read this authorization form carefully and ask us any questions you may have. This authorization form must be completed and signed prior to cremation.

This authorization is not a contract for cremation services. A separate contract or contracts will be required to purchase the services and merchandise of the funeral home and cremation center.

• **Please Print All Information Except Signatures** •

1. DECEDENT INFORMATION

Name of Decedent: _____ Date of Birth: _____

Sex: _____ Age: _____ Place of Death: _____ Date of Death: _____

Time of Death: _____ Soc.Sec. #: _____

2. FUNERAL HOME and/or CREMATORY

FUNERAL HOME and/or CREMATORY: _____

3. AUTHORITY OF AUTHORIZING AGENT(S) (SEE #3 ON REVERSE SIDE)

Legally recognized Spouse? Yes or No _____ Children over 18 years of age? How many _____

Parents? Yes or No _____ Siblings? How many _____ Acting as: _____

Authorizing Agent: _____ Relationship: _____ Telephone: _____

Authorizing Agent: _____ Relationship: _____ Telephone: _____

Authorizing Agent: _____ Relationship: _____ Telephone: _____

Authorizing Agent: _____ Relationship: _____ Telephone: _____

Authorizing Agent: _____ Relationship: _____ Telephone: _____

Authorizing Agent: _____ Relationship: _____ Telephone: _____

As an Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent and I am initialing one of the following four statements accordingly: **(initial one)**

_____ I certify that I do not have actual knowledge of any living person who has a superior right to act as the Authorizing Agent.

_____ There are _____ individuals who have equal right to act as Authorizing Agents.

_____ There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent.

That person(s) has provided me written permission to serve as Authorizing Agent.

_____ There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. I have made all reasonable attempts to contact that person(s), but have been unable to do so. I have no reason to believe that such person(s) would object to the cremation of the Decedent's remains.

Name(s) of other persons: _____

4. IDENTIFICATION OF THE DECEDENT

Identification of the decedent is required by one of the following methods: **(initial one)**

_____ The Authorizing Agent has viewed the remains and positively identified the body as the Decedent.

_____ The personal representative of the Authorizing Agent has viewed the remains and positively identified the body of the Decedent.

_____ The Authorizing Agent has authorized the Funeral Home to utilize a photograph of the remains and the Authorizing Agent has positively identified the photograph as the Decedent.

_____ Identification of the Decedent confirmed by: _____

5. PACEMAKER, SILICONE IMPLANTS, OR OTHER MEDICAL DEVICES (SEE #5 ON REVERSE SIDE.)

Description of devices: _____ **(initial one)**

_____ The remains of the Decedent do not contain any of the devices described in #5 on the reverse side.

_____ As Authorizing Agent, I instruct the Funeral Home to remove each device listed above and to charge for its services in making or arranging for such removal and disposal. Unless indicated directly below, the Funeral Home is to dispose of all such devices.

The devices listed below are to be removed and returned to the Authorizing Agent(s):

6. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the cremation center, including jewelry, clothing, hair pieces, dental bridgework, eyeglasses, hearing aids, shoes, etc., will be destroyed in the cremation process or otherwise discarded by the cremation center, in its sole discretion, unless specific instructions by the Authorizing Agent are given below.

Items to be returned to Authorizing Agent:

7. AUTHORIZATION TO CREMATE, AND PROCESS CREMATED REMAINS (SEE #7 ON REVERSE SIDE)

_____ **(initial)** As Authorizing Agent, I have read and understand the description of the cremation process contained in #7 on the reverse side and authorize the cremation, and processing of the cremated remains of the Decedent. I further authorize the Funeral Home to deliver the decedent's remains to the crematory for the purpose of the cremation.

8. TWO SEPARATE CONTAINERS ARE REQUIRED (SEE #8 ON REVERSE SIDE)

A cremation casket or alternative container is required for handling purposes as well as for the dignified care and respect of the decedent, prior to and during the cremation process. Type of container selected: _____ **(initial)**

An urn or other container is required to house the remains following cremation.

Type/Description of urn or urns selected: _____ **(initial)**

9. VIEWING AND OR FUNERAL CEREMONIES

Prior to the cremation of the Decedent, the Authorizing Agent or the Decedent's family has arranged for a visitation and/or funeral ceremony as set forth below.

Date: _____ Time(s) _____ Place of Ceremonies: _____

10. DATE AND TIME OF CREMATION **(initial one)**

_____ The cremation center may perform the cremation of the Decedent's remains at a time and date as its work schedule permits without any further notification to the Authorizing Agent.

_____ The cremation center is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:

Date: _____ Time: _____

11. WITNESSES (SEE #11 ON REVERSE SIDE.) **(initial one)**

_____ No Witnesses

_____ Yes Witnesses

Please list witness(es): _____

12. DISPOSITION OF CREMATED REMAINS (SEE #12 ON REVERSE SIDE.) **(initial one)**

The Funeral Home shall arrange for the disposition of the cremated remains as follows:

_____ Release _____ Hand Deliver _____ Ship _____ Divided

To: Name _____ Relationship _____

Address _____

City _____ State _____ Zipcode _____ Phone Number _____

13. CERTIFICATION AND INDEMNIFICATION

The Authorizing Agent(s) acknowledges that the Funeral Home and Cremation Center are relying upon the representations being made by the Authorizing Agent(s) in this authorization. The Authorizing Agent(s) certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent(s) agrees to indemnify and hold harmless the Funeral Home and the Cremation Center, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's and the Cremation Center's reliance on or performance consistent with the directions, statements, representatives and agreements contained in the authorization.

Executed at _____, this _____ day of _____ 20 _____

Signature of Authorizing Agent: _____ Relationship: _____

Address: _____

Signature of Authorizing Agent: _____ Relationship: _____

Address: _____

Signature of Authorizing Agent: _____ Relationship: _____

Address: _____

Witness Signature: _____ Print Name _____

3. AUTHORIZING AGENT

Under Utah law, the authorizing agent vests with the first applicable relationship, in the order named: (1) a person designated in a written instrument (excluding a Power of Attorney that terminates at death) if the written instrument contains (a) the name and address of the decedent; (b) the name and address of the person designated under paragraph (a) above; (c) the signature of the decedent; (d) the signatures of at least two unrelated individuals who are not the person designated under subsection (a), each of whom signed within a reasonable time after witnessing the signing of the form by the decedent; and (e) the date or dates the written instrument was prepared and signed; (2) the surviving, legally recognized spouse of the decedent; (3) the surviving child or the majority of the surviving children of the decedent over the age of 18; (4) the unanimous consent of the surviving parent, parents, or lawful custodian of the decedent or (5) others so designated in Section 58-9-602 of the Utah Statutes.

5. PACEMAKER, IMPLANTS, AND PROSTHESES

Pacemakers, radioactive, silicon or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, I have listed in #5 on the reverse side all devices (including mechanical, prosthetic, implants, or materials), which may have been implanted in or attached to the Decedent.

7. THE CREMATION PROCESS

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subject to intense heat and flame. All cremations are performed individually. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) 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 prostheses or dental bridgework) that are left with the remains and not removed from the casket or container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory.

Following the cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework and hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. After the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into the designated container.

8. CONTAINERS

Casket or Alternative container:

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Authorizing Agent. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. As Authorizing Agent, I authorize the Crematory, in its discretion, to remove and discard the non-combustible materials. I understand that the crematory will not accept metal or fiberglass caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process.

Urn or other container:

After the cremated remains have been processed, they will be placed in the urn or container listed on the reverse side. The Authorizing Agent acknowledges that it is impossible to recover all of the dust and residue from the cremation and processing. In the case of an adult, it is recommended that the urn or container be a minimum size of 200 cubic inches. In the event the urn or container is insufficient to accommodate all of the cremated remains, the excess will be placed in a secondary container. This secondary container will be kept with the urn or container and handled according to the final disposition instruction set forth in Section #12; provided, however, that the secondary container may not be designed for shipping. All urns or containers provided to the Funeral Home or Crematory must be appropriate for shipping. The Authorizing Agent directs the Crematory to use the specified urn or container listed in #8 on the reverse side.

11. WITNESSES

Witnessing a cremation can be an emotional experience. Witnesses are assuming the risks involved and fully release the Funeral Home and Cremation Center from any liability. To the extent permitted by the Cremation Center, the persons listed on the reverse side are authorized to be present at the cremation witness room prior to and during the cremation of the Decedent's remains and during the removal of the cremated remains from the cremation chamber. If you desire witnesses, you must initial #11 on the reverse side and list their names.

12. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs the Crematory and/or Funeral Home to undertake the actions set forth on the reverse side to arrange the final disposition of the cremated remains of the Decedent. If the cremated remains are shipped at any time, the Authorizing Agent directs that the Crematory and/or Funeral Home utilize registered U.S. mail with a return receipt or a shipping service that uses an internal system for tracing the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains. (Funeral Home and/or Crematory is not responsible for any loss or damage of cremated remains shipped via Registered Mail with the United States Postal Service.)

The Authorizing Agent understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this Authorization, the Crematory and/or the Funeral Home shall hold the cremated remains for thirty (30) days after cremation. If during that thirty (30) day period the cremated remains are not retrieved by the person designated above to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, the Crematory or Funeral Home may return the cremated remains to an Authorizing Agent at the address listed in Section #13. In the alternative, if no arrangements for the final disposition of the cremated remains have been made within sixty (60) days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements of the final disposition have not been carried out within the sixty (60) day period because of the inaction of a party other than the Crematory or Funeral Home, then the Crematory or Funeral Home may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Agent shall be liable for the cost of such final disposition in a grave, crypt or niche and shall reimburse the Crematory or Funeral Home immediately upon receipt of an invoice.



Corporate Cremation Center Office

2281 South West Temple

Salt Lake City, Utah 84115

Telephone: 801-580-2877

www.serenicare.com

Cremation Code of Ethics

We believe it is your right to **FULL DISCLOSURE**. This means that you are entitled to review the various services and merchandise options we offer to pay tribute to your loved one. We desire that you be advised of any legal or policy requirements that may have an impact on your decisions.

Your Rights

- The survivors have the right to select services from our General Price List.
- The survivors have the right to view and select from a variety of cremation merchandise that is utilized prior to, during, and following the cremation process, such as: cremation caskets or alternative containers, urns, keepsakes, and cremation jewelry.
- The survivors have the right to review the cremation authorization form and have any questions answered prior to signing.
- The survivors have the right to be advised of various funeral home and cremation center policies and applicable legal requirements prior to finalizing the cremation arrangements.

Identification of the Body

- When survivors are not present at the time of death and removal is completed by the funeral home, it is in the best interest of the survivors, the funeral home, and the cremation center to verify the correct identity of the decedent prior to the cremation process.
- The identification process of the decedent must be completed in a brief period of time. Any desire of the authorizing agent or other family members to view and/or spend additional time with the decedent will be deemed a private family visitation and applicable charges will apply. Identification may also be confirmed by a recent photo or by unique scars or markings. The Authorizing Agent or their designee may perform the identification.
- In addition, a fee will be incurred by the authorizing agent to identify the decedent due to sanitary care and preparation of the deceased. Prior to identification, generally accepted practices of mortuary science are applied for aesthetic purposes. A disinfectant cleansing of the facial area and other areas of the body are applied as deemed necessary by the funeral home representative.

Utah State Law

- Utah State Law requires that a decedent must be cremated, buried, embalmed, or refrigerated within twenty-four (24) hours from the time of death.