

**Care Center of Utah**  
**847 W 2500 S, Salt Lake City, UT 84119**  
**801-613-8574**

CREMATION AUTHORIZATION AND DISPOSITION

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\_\_\_\_\_  
(Name of Deceased)

\_\_\_\_\_  
(Date Of Death)

\_\_\_\_\_  
(UIS No.)

**I. REQUEST AND AUTHORIZATION FOR CREMATION**

The undersigned requests and authorizes Care Center of Utah, of Cedar City, in accordance with and subject to current rules and regulations of the crematory and the State of Utah, to cremate the remains

of: \_\_\_\_\_; sex: \_\_\_\_\_; Age: \_\_\_\_\_ who died  
at: \_\_\_\_\_ on  
(date) \_\_\_\_\_.

**II. CASKETS / CONTAINERS**

Care Center of Utah, requires either a NON-METAL casket or an alternative container for cremation. The Crematory reserves the right to accept or reject a cremation container constructed of non-combustible material or of material which could cause damage to the crematorium. All cremation containers selected must meet the following criteria: 1) Must be composed of materials suitable for cremation (combustible); 2) must be able to be closed to provide a complete covering for the human remains; 3) must be resistant to leakage or spillage and 4) must be sufficient for handling with ease and provide protection for the health and safety of crematory personnel.

Type of casket or container chosen by the undersigned: \_\_\_\_\_.

Many caskets that are composed primarily of combustible material also contain some exterior parts that are not combustible and that may cause damage to the cremation equipment. Care Center of Utah, at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

\_\_\_\_\_ Initial

**III. IDENTIFICATION OF THE DECEASED**

Cremation is an irreversible process. In order to insure the identity of the deceased. Care Center of Utah requires that all deceased individuals be identified by the next of kin or their representative. This identification must take place prior to the cremation process in the container selected above.

Date and Time identification completed: \_\_\_\_\_ (date) \_\_\_\_\_ AM / PM

Printed name of person Identifying: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

Means of Identification (I.D. Viewing, Photograph, Scars, Tattoos, etc.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Initial

**IV. CREMATION PROCESS**

Cremation is performed to prepare the deceased for memorialization. The human remains of the decedent are placed in a combustible casket or other container and delivered to the crematory. The crematory will then put the casket or container and the human remains into a cremation chamber. Incineration of the container and its contents is accomplished by substantially increasing the temperature in the cremation chamber until combustion is obtained. After approximately one and one-half to two hours, all substances are consumed or driven off, except bone fragments (calcium compounds) and metal, as the temperature is not sufficiently high to consumed them.

Following an appropriate cooling period, the cremated remains are swept or raked from the cremation chamber. The crematory makes all reasonable efforts to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of the material, as some dust and other residue from the process are always left behind. In addition, while every effort will be made to avoid it, commingling of minute particles of cremated remains from the residue of previous cremations is a possibility and the Authorized Agent(s) understands and accepts this fact.

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be processed (pulverized). This 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 will be virtually unrecognizable as human remains.

After the cremated remains have been processed, they will be placed into a designated urn or container. The crematory will make a reasonable effort to put all of the cremated remains into that urn or container, however, with the exception of dust particles or other residue may remain on the processing equipment.

\_\_\_\_\_ Initial

**URN OR TEMPORARY CONTAINER**

Type of Urn/container chosen by the undersigned: \_\_\_\_\_

The urn/container containing the cremated remains will be delivered, picked up, or disposed of as directed by the Authorized Agent(s).

\_\_\_\_\_ Initial

**DISCLOSURE OF MECHANICAL DEVICES,  
PROSTHESES, SILICON AND RADIOACTIVE IMPLANTS**

Mechanical devices, implants, prostheses, silicon and radioactive implants create a hazardous condition when placed in a cremation chamber. The crematory will not cremate any human remains which contain these or like devices or implants, or if the deceased was previously treated with Strontium 89, / & or list below:

Description: \_\_\_\_\_

I/We state that the above list of devices, implants and / or treatments received by the deceased. Mechanical devices such as pacemakers, and implants, prostheses, silicon and radioactive implants must be removed prior to introducing the body into the cremation chamber, and are unrecoverable. Care Center of Utah is hereby authorized to surgically remove these items before introducing the deceased into the cremation chamber.

\_\_\_\_\_ Initial

**PERSONAL POSSESSIONS OF VALUABLE MATERIALS**

Due to the nature of the cremation process, any personal possessions, or valuable materials attached to the remains, such as dental metals, dental prosthesis, etc., that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or will otherwise not be recoverable. Crematory and/or mortuary personnel can not and do not remove such items. The Authorized Agent(s) understands that arrangements must be made by them, for a specialist, to remove any such possessions or valuables prior to the time the decedent is transported to the crematory.

Description of any jewelry to be removed: \_\_\_\_\_

\_\_\_\_\_

All items listed above will be given to authorizing agent(s) \_\_\_\_\_ Date \_\_\_\_\_ Initial

\_\_\_\_\_ Initial

**DISPOSITION OF CREMATED REMAINS**

Unless otherwise specified, the cremated remains (cremains) will be placed in a temporary container. Most urns provided by the crematory are sufficient in size for all cremated remains. In the event the capacity of a chosen urn is less than the amount of cremated remains, Care Center of Utah, is hereby authorized to return said excess in a temporary container in the same manner as requested below. It is requested that the following disposition be made of the cremated remains:

\_\_\_\_\_ Release cremains to: Name(s): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Deliver cremains to (Authorizing Agent(s), cemetery, mausoleum, columbarium, mortuary, scatter, or dispose)  
\_\_\_\_\_

\_\_\_\_\_ Send via regular certified mail, with return receipt to:  
\_\_\_\_\_ (Name) \_\_\_\_\_ Initial  
\_\_\_\_\_ (Address)

I/We the Authorizing Agent(s), undersigned, assume(s) all liability for any damages that may arise from such mail shipment and agrees to indemnify and hold Care Center of Utah, and Affordable Funeral Services, harmless from all claims and liability that may arise from such shipment.

Affordable Funeral Services, does not accept responsibility for cremated remains after delivery to any agent, person of postal facility. If final instructions for disposition of cremated remains is not received within 60 days from the completion of the cremation, the crematory may dispose of the cremated remains as it sees fit.

**AUTHORIZATION**

I/We hereby certify that the decedent left the following surviving heirs at law:

Spouse: Yes[ ] No [ ]

Children: Yes[ ] No[ ] How many? \_\_\_\_\_

Parents: Yes[ ] No[ ] How many? \_\_\_\_\_

Siblings: Yes[ ] No[ ] How many brothers? \_\_\_\_\_ How many sisters? \_\_\_\_\_

If all responses are no, the person(s) in the next degree of kinship to decedent is/are:  
\_\_\_\_\_

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation must be completed by the person(s) signing below as authorizing agents. Separate authorizations, if necessary, shall be attached to and considered a part of this form.

I/We certify that I/we are the closest living next of kin of the decedent or that I/we otherwise serve in the capacity of: \_\_\_\_\_ to the decedent, that I/we have charge of the remains of the decedent and as such possess full legal authority and power, according to the laws of the State of Utah, to execute this authorization and to arrange for the cremation and disposition of the cremated remains of the decedent. I/we am/are unaware of any objection to this cremation by any spouse, child, parent, or sibling of the decedent, or of provision of any contract, or instruction made by the decedent.

**THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

I/We hereby agree to indemnify and hold harmless Care Center of Utah, and if noted, the Mortuary, their officers, directors, attorneys, agents and employees, from any claim, liability, cost or expense resulting from the Crematory and if noted the Mortuary's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein, including, but not limited to, any delay in, or damage arising from the transportation of the human remains or cremated remains of the Decedent.

By executing this document, the undersigned warrant that all representations and statements contained on this form are true and correct and that these statements were made freely and voluntarily to induce Care Center of Utah, to cremate the human remains of the decedent and that the undersigned have read and understand the provisions contained in this document.

Executed at \_\_\_\_\_ on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_  
Name Print: \_\_\_\_\_  
Relationship to decedent: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Name Print: \_\_\_\_\_  
Relationship to decedent: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Name Print: \_\_\_\_\_  
Relationship to decedent: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Name Print: \_\_\_\_\_  
Relationship to decedent: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Funeral Director: \_\_\_\_\_

**Witnessed by:**

Signature: \_\_\_\_\_

Print Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If not present at the Mortuary with a witness, this form must be notarized.**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_\_, personally appeared before me

\_\_\_\_\_, and satisfactorily proved to be the signer of the above document by the

oath of \_\_\_\_\_, who is personally known to me and is a competent and credible witness for that purpose, by me duly sworn, and he/she acknowledged that he/she executed the same.

\_\_\_\_\_  
NOTARY PUBLIC

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