SERENITY FUNERAL HOME
OF SOUTHERN UTAH

CREMATION CENTER
OF SOUTHERN UTAH

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The Cremation Center of Southern Utah / Serenity Funeral Home of Southern Utah requires that this Authorization Form be completed and signed prior to the cremation. **Cremation is an irreversible and final process**. It is important that you understand the cremation process that is described in section 11 of this authorization form prior to signing it. Please read this authorization form carefully and ask us any questions you may have.

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. All charges must be paid at least 24 hours prior to the cremation.

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 deceased person prior to the cremation process.

The identification process of the decedent must be performed 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 as 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 time of death.

Cremation Association of North America Code of Cremation Practice

In the practice of cremation, we believe:
In dignity and respect in the care of the deceased, in compassion for the living who survive them, and in the memorialization of life;
That a Cremation Authority should be responsible for creating and maintaining an atmosphere of respect at all times;
That the greatest care should be taken in the appointment of crematory staff members, any of whom must not, by conduct or demeanor, bring the crematory or cremation into disrepute;
That cremation should be considered as preparation for memorialization;
That the dead of our society should be memorialized through a commemorative means suitable to the survivors.

AUTHORIZATION FOR CREMATION AND DISPOSITION

Name of Decedent: _____ Date of Birth: _____

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

Time of Death: _____ Cremation ID #: _____

Did the death occur from or did the deceased have any Infectious, Contagious, or Communicable Disease? _____Yes _____No

1. AUTHORITY OF AUTHORIZING AGENT (SEE #1 ON REVERSE SIDE)

Self-Authorization? ___Yes ___No Legally recognized spouse? ___Yes ___ No Children over 18 years of age? How many _____

Parents? ___Yes ___No Siblings? ___Yes ___No How many_____ Otherwise Acting as: _____

Name of Authorizing Agent	Address	Telephone	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

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

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

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

_____ There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. That person has provided me written permission to serve as Authorizing Agent. **OR**

_____ 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, explanation:

_____

2. IDENTIFICATION OF THE DECEDENT Identification of the decedent is required by one of the following methods: (initial one)

_____ The Authorizing Agent/s has viewed the remains and positively identified them as that of the decedent. **OR**

_____ A personal representative of the authorizing agent has viewed the remains and positively identified as that of the decedent. **OR**

_____ The Authorizing Agent has authorized the Funeral Home to photograph the remains and the Authorizing Agent/s has positively identified the photograph as that of the decedent. **OR**

_____ Identification of the decedent confirmed by: _____

3. ARTIFICIAL DEVICES (SEE #3 ON REVERSE SIDE.) (initial one)

Mechanical devices, artificial implants, pacemakers, and certain nuclear medicine residues may create a hazardous condition when placed in a cremation chamber and subjected to high heat. Please list any Artificial Devices implanted in or attached to Deceased or identify if the Deceased was treated with any Radioactive Materials. Description of Devices: _____ (initial one)

_____ The remains of the Decedent do not contain any of the devices described in #3 on the reverse side. **OR**

_____ As Authorizing Agent/s, I/We 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 in any manner it sees fit and at any time: _____

4. PERSONAL PROPERTY

_____ (initial) 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. If no specific instructions are given, I/We release the Funeral Home and Cremation Center from all liability for these items.

Specific Instructions: _____

5. DNA COLLECTION AND PRESERVATION (initial one)

_____ Yes, I would like to proceed with DNA preservation and authorize the charges for collection and preservation. **OR**

_____ No, I decline this service and understand DNA is destroyed in the cremation process.

6. DECEDENT'S WEIGHT _____ POUNDS

_____ (initial) I understand there are additional precautions, requirements, and fees if the decedent is over 300 lbs.

White Copy - Funeral Home Yellow Copy – Crematory Pink Copy - Authorizing Agent

7. CREMATION CASKET / ALTERNATIVE CONTAINER (SEE #7 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. Types of containers (initial one)
_____ Minimum Alternative Container (for deceased under 200lbs only) _____Basic Cremation Casket Other_____

8. VIEWING AND OR CEREMONY Prior to the cremation of the Decedent, the Authorizing Agent or the Decedent's family: (initial one)
_____ Has arranged for a visitation and/or funeral ceremony. Date: _____, Time: _____ **OR**
_____ Declines viewing or ceremony prior to cremation.

9. WITNESING THE CREMATON (SEE #9 ON REVERSE SIDE) (initial one)
_____ No Witness **OR** _____Yes Witnesses - I understand a fee will apply. Please list name/s: _____

10. DATE AND TIME OF CREMATION (initial one)
_____ The Cremation Center may perform the cremation of the Decedent's remains at any time and date as its work schedule permits without any further notification to the Authorizing Agent. **OR**
_____ The Cremation Center is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:
I understand there will be additional fees for expedited or requested date. Date: _____, Time: _____

11. AUTHORIZATION TO CREMATE, AND PROCESS CREMATED REMAINS (SEE #11 ON REVERSE SIDE)
_____ (initial) As Authorizing Agent/s, I/We have read and understand the description of the cremation process contained in #11 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.

12. URN FOR CREMATED REMAINS An urn or other container is required. to house the cremated remains following cremation.
_____ (initial) Urn Description: _____
Keepsakes/Jewelry: _____

13. DISPOSITION OF CREMATED REMAINS (SEE #13 ON REVERSE SIDE.) (initial one)
Cremated remains shall only be released, delivered, mailed, or disposed of by the Cremation Center, Funeral Home, or Cemetery in a dignified manner, in accordance with the law, and with the express written consent of the Authorizing Agent(s) as outlined below.

_____Release _____Hand Deliver _____Ship USPS _____ Divided _____ Cemetery _____Cremation Center to Scatter

To: Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone#: _____
_____ (initial) Authorizing Agent/s directs and authorizes the funeral home to dispose of unclaimed cremated remains after 60 days.

14. FINAL DISPOSITON OF CREMATED REMAINS (if known): _____

15. CERTIFICATION AND INDEMNIFICATION
I/We have the right and hereby authorize the cremation of the Deceased and the disposition of the cremated remains pursuant to the regulations of the Crematory and the instructions on this form. I/We agree to release and indemnify the Funeral Home and the Crematory, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein. I/We release the Funeral Home and Crematory from liability for the cremated remains upon delivery to a reputable common carrier. I/We agree that the Funeral Home's and Crematory's liability for future negligent acts (of itself or its agents or employees) is limited to a refund of the cremation fees paid to the Funeral Home and/or Crematory by me/us. I/We warrant that all representations and statements contained in this form are true and correct. These statements are being relied upon by the Funeral Home and Crematory. I/We have read and understood all pages of this document.
This Authorization for cremation and disposition was executed at: Place: _____, Date: _____
Signature of Authorizing Agent/s

1.	4.
2.	5.
3.	6.

Witness Name: _____ Signature: _____
Witness Name: _____ Signature: _____
Funeral Director: _____ Signature: _____

16. RECEIPT OF CREMATED REMAINS Cremated remains are hereby released to: _____, in the urn/s specified, by the Authorizing Agent/s above. I/We acknowledge receipt of the cremated remains of deceased and assume responsibility for the final disposition of the cremated remains.
Date: _____Time: _____ Signature: _____

Cremation Center / Funeral Home representative, releasing cremated remains signature: _____

1. AUTHORIZING AGENT

Under Utah law, the authorizing agent vests with the first applicable relationship, in the order named: (1) Self, (2) 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; (3) the surviving, legally recognized spouse of the decedent; (4) the surviving child or the majority of the surviving children of the decedent over the age of 18; (5) the unanimous consent of the surviving parent, parents, or lawful custodian of the decedent or (6) others so designated in Section 58-9-602 of the Utah Statutes.

3. ARTIFICAL DEVICES - 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 #3 on the reverse side all devices (including mechanical, prosthetic, implants, or materials), which may have been implanted in or attached to the Decedent.

7. CREMATION 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.

9. 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 #9 on the reverse side and list their names.

11. 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 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.

12. 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 #12 on the reverse side.

13 & 14. 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. Cremated remains shall only be released, delivered, mailed or disposed of by the Cemetery or Funeral Home in a dignified manner, in accordance with the law, and with expressed written consent of the Authorizing Agent. If the cremated remains are shipped at any time, the Authorizing Agent directs that the Crematory or Funeral Home utilize 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.

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 shall hold the cremated remains for sixty (60) days after cremation. If during that sixty (60) 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, then the Crematory will return the cremated remains to the Funeral Home or an Authorizing Agent. 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 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 Funeral Home immediately upon receipt of an invoice.