



AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION

I (We), the undersigned (the “Authorizing Agent(s)”), hereby request and authorize **Wheeler &/or Sundberg Olpin** Mortuary (hereinafter referred to as “Funeral Home”) and **Wasatch Cremation Center** (hereinafter referred to Crematory) to take possession of and make arrangements for the cremation and final disposition of the Decedent named below (the “Decedent”) in accordance with and subject to the provisions set forth in this document, and in accordance with and subject to their rules and regulations, and any applicable state/provincial or local laws or regulations.

IDENTIFICATION OF DECEDENT

Name of Decedent _____

Date of Death _____ **Time of Death** _____ **Sex** _____ **Age** _____

Funeral Director _____

Initial One of the forms of identification

Initial _____ The Authorizing Agent declines to visually identify the decedent.

OR

Initial _____ The Authorizing Agent has viewed the remains and positively identified them as the body of the decedent

Initial One of the declarants

I hereby notify and declare that the death

Initial _____ **Did Not Occur** from a disease declared by the Department of Health to be infectious, contagious, communicable, or dangerous to public health.

OR

Initial _____ **Did Occur** from a disease declared by the Department of Health to be infectious, contagious, communicable, or dangerous to public health.

CREMATION INFORMATION

Cremation is a final process. Cremation will take place after any scheduled ceremonies or viewings have been completed, civic and medical authorities have issued all required permits, all necessary authorizations have been obtained and no objections have been raised and **48 hours** have transpired since death occurred.

All cremations are performed individually. The Crematory will only place the human remains of one individual in the cremation chamber at a time. The Crematory requires either a casket or an alternative (cremation) container for the cremation.

Cremation is a technical process, using heat and flame, that reduces human remains to bone fragments. The reduction takes place through heat and evaporation. Cremation includes processing cremated remains and may include the pulverization of bone fragment.

After the cremated remains have been processed, they will be placed in the designated urn or container. The Crematory will make a reasonable effort to put all the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment. While every reasonable effort will be made to avoid co-mingling, inadvertent or incidental co-mingling of minute particles of cremated remains from the residue of previous cremation is a possibility, and the Authorizing Agent(s) understands and accepts this fact.

Initial _____

AUTHORIZING AGENT

Name of Authorizing Agent _____

Relationship _____

Address: _____

Telephone No: _____

Email _____

AUTHORIZATION TO CREMATE

Initial _____ As Authorizing Agent I authorize the Funeral Home to cremate the human remains of the decedent.

INITIAL ONE

Initial _____ I certify that I have the right to authorize the cremation of the decedent and that I am not aware of any living person who has a superior or equal priority right to act as the Authorizing Agent.

OR

Initial _____ There is another living person(s) listed below who has an equal right to act as Authorizing Agent. Their authorization may also be required for cremation to take place.

OR

Initial _____ 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.

OR

Initial _____ 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 efforts to contact such 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.

OR

Initial _____ There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. That person(s) has confirmed to me that such person(s) refuses to make arrangements for the disposition and does not want any involvement with the disposition of the Decedent's remains.

Name(s) of other persons: _____

Name(s) of other persons: _____

Name(s) of other persons: _____

PERSONAL PROPERTY

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

The following is a list of each item of value along with instructions as to how each item should be handled:

Initial _____

OR

Initial _____ There are no items of value or personal property

PACEMAKERS, IMPLANTS, AND RADIOACTIVE TREATMENTS

Mechanical, radioactive devices or implants in the Decedent may create a hazardous condition when placed in the cremation chamber. All pacemakers and radioactive implants must be removed prior to deliver of the Decedent to the Crematory. I understand that if the Funeral Home has not been notified about such devices or implants and not instructed to remove them, that I/We are responsible for any damages caused to the crematory or crematory personnel by such implants or devices.

PACEMAKERS, IMPLANTS, AND PROSTHESES

Pacemakers, radioactive implants, other implanted battery-powered devices, or certain prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. Silicone implants may also damage crematory equipment and adversely impact the recovery and processing of cremated remains. All pacemakers, implants, and radioactive implants must be removed. Examples of these devices include, but are not limited to the following:

- Pacemakers
- Implantable Cardioverter Defibrillators (ICDs)
- Cardiac Resynchronization Therapy Devices (CRTDs)
- Implantable Drug Pumps
- Neurostimulators (including for pain and functional electrical stimulation)
- Bone Growth Stimulators
- Hydrocephalus Programmable Shunts
- Fixion Nails
- Dental Mercury Amalgam
- Silicone Implants
- Radioactive Seeds (Brachytherapy)
- Any other battery powered implant

Per Utah Code 58-9-6102b(i) *An authorizing agent for the cremation of human remains is responsible for informing the funeral service establishment in writing on the cremation authorization form about the presence of a pacemaker or other battery-powered, potentially hazardous implants in the human remains to be cremated.*

Initial _____ I certify that the decedent **does not** have any implanted medical devices or foreign objects that have been implanted that may be potentially hazardous or cause damage to the crematory and/or operators.

OR

Initial _____ I certify the decedent **does** have an implanted medical device or foreign object that has been implanted that may be potentially hazardous or cause damage to the crematory and/or operators. I acknowledge that the Funeral Home may have to remove such devices* and they will not be returned.

Description of Devices or Implants: _____

*If radioactive implants have been used in the procedure known as seed brachytherapy within one year of the time of death, cremation may not be performed.

DECLARATION OF INTENT FOR THE DISPOSITION OF CREMATED REMAINS

The authorizing agent hereby authorizes the Funeral Home to arrange for the disposition and/or release of the cremated remains of the Decedent as stated below:

Initial _____ Name of person(s) authorized to receive the cremated remains from the funeral home:

OR

Initial _____ I appoint the Funeral Home as my agent to make shipment of said remains via the U.S. Postage Mail (certified, return receipt), or scheduled air shipment. I am aware that the Funeral Home's services have been fully completed when the cremated remains leave the Funeral Home and that the Funeral Home is only acting as my agent for my accommodation, only in carrying out these instructions. I understand that the Funeral Home assumes no responsibility after delivery to the Post Office.

Ship to: _____

OR

Initial _____ I authorize the funeral home to deliver the cremated remains to the place of final disposition: _____ Cemetery for the purpose of interment/entombment. (I understand that there may be a separate charge for this service at the cemetery):

OR

Initial _____ Other: _____

The authorizing agent is responsible for the disposition of the cremated remains. As authorizing agent, it is required to make and keep a record of the disposition of the remains. The following is the manner in which the final disposition of the cremated remains will take place. (If left blank the final disposition has been verified above or is unknown at the time of signing)

UNCLAIMED CREMATED REMAINS

Initial _____ If unclaimed within 60 days, I understand that the cremated remains will be disposed of pursuant to statutes, and the urn will be disposed of without further notice of authorization. I understand that if the cremated remains are unclaimed that as authorizing agent, I am responsible to reimburse the funeral home for all reasonable costs incurred regarding final disposition.

TIME OF CREMATION

Initial _____ The Crematory 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.

INDEMNITY
&
SIGNATURE OF AUTHORIZING AGENT(S)

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

I(We) declare under penalty of perjury that the forgoing certifications, representations and statements are true and correct, and that this statement is being made to induce the above named Funeral Home and Crematory to cremate (or cause to be cremated) the remains of the Decedent named above. I agree to hold harmless, indemnify and defend the above named Funeral Home and Crematory as well as their representatives, directors, officers, agents, employees and shareholders, from and against all claims, liabilities or damages whatsoever (including reasonable attorneys' fees) which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make proper arrangements for the final disposition of the cremated remains, the processing of the remains, shipping of remains, any explodable or harmful impact, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, express or implied, are made and damages shall be limited to the amount of the cremation fee paid.

Per Utah Code 58-9-612 The authorizing agent who signs this cremation authorization warrants the truthfulness of the facts set forth on this form including: the identity of deceased whose remains are to be cremated; and the authorizing agent's authority to order the cremation. I acknowledge the funeral home relies on good faith on my claim of the right of disposition and is immune from liability in carrying out the disposition of the deceased remains in accordance with my instructions. The authorizing agent is personally and individually liable for all damage resulting from a misstatement or misrepresentation made

I(We) the undersigned, hereby certify that I am the closest living next of kin of the Decedent, that I have charge of the remains of the Decedent and as such possess full legal authority and power, according to the laws of the state to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling specified. I attest to the accuracy of all representations contained on the authorization form

By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrants that the undersigned have read and understand the provisions contained on the front and back of this document.

Executed at _____,

this _____ **day of** _____, **20** _____.

Print Name: _____ **Signature:** _____

Before me _____, personally appeared _____, proved to me through satisfactory evidence of identification, whose name is signed on the preceding or attached document in my presence.

State of: _____

County of: _____

Notary Signature: _____ (seal)

Signature of Witness/ Funeral Director _____ Page 4 of 4