

CREMATION AUTHORIZATION AND DISPOSITION

(Name of Deceased) (Sex) (Mortuary)

(Place of Death) (Date of Death) (Age) (City & State of Mortuary)

DISCLOSURES, WARRANTIES, REQUEST AND AUTHORIZATION FOR CREMATION

The undersigned requests and authorizes Metcalf Mortuary, in accordance with and subject to current rules and regulations of the crematory and the State of Utah, to cremate the remains of the above named decedent.

CASKETS/CONTAINERS

Metcalf Mortuary 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 comprised primarily of combustible material also contain some exterior parts that are not combustible and that may cause damage to the cremation equipment. Metcalf Mortuary, 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

IDENTIFICATION OF THE DECEASED

Cremation is an irreversible process. In order to ensure the identify of the deceased, Metcalf Mortuary may require that 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. I have identified the deceased named in this document for cremation

_____ Initial

I/We hereby waive such identification _____ Initial

DISCLOSURE OF MECHANICAL DEVICES, PROSTHESES, SILICON AND RADIOACTIVE IMPLANTS

Mechanical devices, implants, prostheses, silicon and radioactive implants can 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. List below.

Description: _____
I/We state that the above list is a complete 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. Metcalf Mortuary is hereby authorized to surgically remove these items before introducing the deceased into the cremation chamber.

_____ Initial

PERSONAL POSSESSIONS OR VALUABLE MATERIALS

Due to the nature of the cremation process, any personal possessions or valuable materials attached to the remains, such as dental metals, 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 cannot 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 that the decedent is transported to the crematory.

_____ Initial

Description of any jewelry to be removed _____

All items listed above given to authorizing agent(s): Date: _____ Initial

WEIGHT RESTRICTIONS

Unfortunately, due to manufacturer recommendations, we are unable to accept for cremation any deceased individual who weighs more than 300 pounds. Decedent does meet this criteria.

_____ Initial

Crematory Use Only:

Identification Disc # Crematory Technician

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 is sometimes at the same location as the funeral home). The crematory then will put the casket or container and the human remains into a cremation chamber. Incineration of the container and 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 consume them.

Following an appropriate cooling period, the cremated remains are swept or raked from the cremation chamber. The crematory makes all reasonable efforts and uses its best efforts 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 is 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, (implanted metals, i.e.: wire, joints, screws, staples, etc.), they will then be processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with 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 in the urn or container, with the exception of dust or other residue that may remain in the processing equipment.

Type of urn/container chosen by the undersigned: _____ Initial

DECLARATION OF INTENT FOR THE DISPOSITION OF CREMATED REMAINS

Unless otherwise specified, the cremated remains 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 the cremated remains, Metcalf Mortuary is hereby authorized to return said excess in a temporary container in the same manner as requested below. I/We requested the following disposition of the cremated remains:

Release cremated remains to: Name(s) _____.

Deliver cremated remains to: Name(s) _____.

Send via regular certified mail, with return receipt to: _____.

Address of above selection: _____.

_____.

_____.

I/We, the Authorizing Agent(s), undersigned, assume(s) all liability for any damage that may arise from such mail shipment and agrees to indemnify and hold harmless Metcalf Mortuary from all claims and liability that may arise from such shipment.

Metcalf Mortuary does not accept responsibility for cremated remains after delivery to any agent, person, or postal facility. If final instruction for disposition of cremated remains is not received within 90 days from the completion of the cremation, the crematory may dispose of the cremated remains. The urn/container containing the cremated remains will be delivered, picked up, or disposed of, as directed by the Authorized Agent(s).

_____ Initial

AUTHORIZATION

I/We hereby certify that the decedent left the following surviving heirs at law: (In order of authority to authorize)

Spouse: Yes [] No []
 Children: Yes [] No [] Number of Children? _____
 Parents: Yes [] No [] One or Two Parents? _____
 Siblings: Yes [] No [] Number of Siblings? _____

I certify that the person(s) in the next degree of kinship to decedent is/are: _____ (Spouse, Child, Sibling, Parents, etc). 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, sibling of the decedent, or of provisions 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 agreed to indemnify and hold harmless Metcalf Mortuary and as noted, the mortuary, their officers, directors, agents and employees, from any claim, liability, cost or expense resulting from the Crematory and as 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 herein are true and correct and that these statements were made freely and voluntarily to induce Metcalf Mortuary to cremate the human remains of the decedent and that the undersigned have read and understand the provisions contained in this form. Separate authorization(s), if necessary, shall be attached to, and considered part of, this form.

Executed at _____ on this, the _____ day of _____,

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: _____

Signature: _____
 Name Print: _____
 Relationship to decedent: _____
 Address: _____

Signature: _____
 Name Print: _____
 Relationship to decedent: _____
 Address: _____

Metcalf Mortuary or Mortuary Representative