

**AUTHORITY TO CREMATE AND ORDER FOR DISPOSITION**

I (We), the undersigned (the "Authorizing Agent(s)"), hereby request and authorize Walker Family Mortuary (hereinafter referred to as "Funeral Home") and Central Utah Cremation Services (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 on the front and reverse sides of this document, and in accordance with and subject to their rules and regulations, and any applicable state/provincial or local laws or regulations.

Name of Deceased: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
Funeral Director in Charge: \_\_\_\_\_

**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.**

Do the decedent's remains contain any such devices? YES / NO — If yes, please list devices which should be removed prior to cremation:

\_\_\_\_\_

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.

**CREMATION INFORMATION**

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 objective have been raised and **48 hours** have transpired since death occurred.

The Crematory, or authorized agent(s), is authorized to perform the cremation upon receipt of human remains, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. All cremations are performed individually. The Crematory will only place the human remains of one individual in the cremation chamber at a time.

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 shall include the processing, and may include the pulverization of bone fragment. Please refer to the detailed description of the cremation process on the attached form.

The Crematory requires either a casket or an alternative (cremation) container for the cremation. Please refer to the attached form for further details regarding the caskets/containers.

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 of the cremated remains in the urn or container, with the exception of dust or other residue that may remain on the processing equipment.

Initial \_\_\_\_\_

**DECLARATION OF INTENT FOR THE DISPOSITION OF CREMATED REMAINS**

Initial \_\_\_\_\_ I authorize the Crematory to return the cremated remains of the Decedent to the possession and custody of the Funeral Home. I (We) understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Decedent are returned to the possession and custody of the funeral home.

I hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Decedent as stated below:

Initial \_\_\_\_\_ Deliver said cremated remains to: \_\_\_\_\_  
for the purpose of: \_\_\_\_\_

Initial \_\_\_\_\_ Place in storage. If unclaimed within \_\_\_\_\_ 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. (Urn required by Funeral Home for storage — YES  NO  )

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. (Urn required by Funeral Home for shipping — YES  NO  )  
Ship to: \_\_\_\_\_

Initial \_\_\_\_\_ Deliver to: \_\_\_\_\_ Cemetery for the purpose of interment/entombment  
(I understand that there may be a separate charge for this service at the cemetery):

- \_\_\_\_\_ Placement of cremated remains in a community vault; I understand that cremated remains in a community vault are co-mingled with other cremated remains and can never be recovered.
- \_\_\_\_\_ Placement of cremated remains in a niche;
- \_\_\_\_\_ Placement of cremated remains in a cremorial;
- \_\_\_\_\_ Interment of cremated remains in ground cremation space.

Initial \_\_\_\_\_ Other: \_\_\_\_\_

Type of casket or container selected: \_\_\_\_\_ Type of urn or container selected: \_\_\_\_\_

Initial \_\_\_\_\_

## ADDITIONAL TERMS AND CONDITIONS

### THE CREMATION PROCESS

Cremation is performed to prepare the deceased for memorialization and it is carried out by placing the deceased in a casket or alternative container and then placing the casket or alternative container into a cremation chamber, or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and its contents is accomplished by raising the temperature substantially (extreme temperature) 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 temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possession or valuable materials such as dental gold and silver, or jewelry (as well as any body prostheses or dental bridgework) that are left with the Decedent and not removed from the casket or container prior to cremation may be destroyed and become non-recoverable. If not destroyed, the Crematory is authorized to dispose of such materials at its sole discretion. The Authorizing Agent(s) understands the arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the Decedent is transported to the Crematory.

Following a 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. The Crematory makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of the, as some dust and other residue from the process are always left behind. In addition, 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.

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as dental bridgework, and materials from the casket or container, such as hinges, latches, nails, etc. 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 contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically processed (pulverized), which includes crushing or grinding and incidental co-mingling of the remains with the residue from the processing of previously cremated remains, into granulated particles of unidentifiable dimensions, virtually unrecognizable as human remains, prior to placement into the designated container.

### CASKETS/CONTAINERS

The above named Funeral Home does not offer metal caskets for cremation.

All caskets and alternative containers must meet the following standards:

1. Be composed of material suitable for cremation;
2. Be able to be closed to provide a complete covering for human remains;
3. Be sufficient for handling with ease;
4. Be resistant to leakage or spillage;
5. Be able to provide protection for the health and safety of crematory personnel.

The Crematory is authorized to inspect the casket or alternative container, including opening it, if necessary. In the event there is leakage or damage, the Crematory may contact the Authorizing Agent(s) directly for instructions. The Crematory reserves the right to open the container to verify the identity of the deceased.

Many caskets that are comprised of combustible materials also contain some exterior parts, e.g., decorative handles or rails, that are not combustible and that may cause damage to the cremation equipment. The Crematory, at its sole discretion, reserves the right to remove these non-combustible materials prior to cremation and to discard them with similar materials from other cremations and other refuse in a non-recoverable manner.

### URNS/TEMPORARY CONTAINERS

In the event the urn or other container selected is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on this form. Crematory requires that all urns or containers provided be appropriate for shipping or permanent storage, and that in the case of an adult, it is recommended that the urn or container be a minimum of 200 cubic inches. Unless a suitable urn is provided for the cremated remains, the Crematory will place the cremated remains in a container furnished by the Crematory which is not designed for shipment.

### FINAL DISPOSITION

Cremation is **NOT** the final disposition, nor is placing the cremated remains in storage at a funeral home final disposition. The cremation process simply reduces the decedent's body to cremated remains. These cremated remains usually weigh several pounds and are usually in excess of 150 cubic inches. Some provision must be made for the final disposition of these cremated remains. If the option selected for final disposition includes scattering, then the cremated remains will not be recoverable. If scattering is performed in a common area, then the cremated remains may be co-mingled with parties of other cremated remains that have been previously scattered.

Initial \_\_\_\_\_

**AUTHORITY OF AUTHORIZING AGENT**

I (We) hereby certify that the Decedent left the following surviving heirs at law:

- Spouse            Yes  No       Name \_\_\_\_\_
- Children        Yes  No       Name(s) \_\_\_\_\_
- Parents         Yes  No       Name(s) \_\_\_\_\_
- Siblings        Yes  No       Name(s) \_\_\_\_\_
- Other: Names and Relationship:      Name(s) \_\_\_\_\_

Separate authorization(s), if necessary, shall be attached to, and considered part of, this form.

Are there any people who wish to witness the casket or container being placed in the cremation chamber? Yes  No

If yes, please list their names: \_\_\_\_\_

**DISCLOSURES, WARRANTIES AND PERMISSIONS (INITIAL EACH)**

- \_\_\_\_\_ I certify that the deceased person named arranged for his/her own cremation on a pre-need basis. Yes  No
- \_\_\_\_\_ I certify that the deceased person named left a Will with written instructions to be cremated. Yes  No
- \_\_\_\_\_ I certify that the deceased person named has not given other specific directions concerning the disposal of his/her remains.
- \_\_\_\_\_ I have been offered the opportunity to personally identify the remains and assume full responsibility for the identity.
- \_\_\_\_\_ I give full permission for the following:
  - a. The incidental or inadvertent co-mingling of the cremated remains.
  - b. The processing of the remains and resulting incident co-mingling of the cremated remains.
  - c. The disposal by the Crematory of metal or other non-human material recovered to which may be affixed bone particles or other human residue.

**INDEMNITY**

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.

**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) the undersigned, hereby certify that I am the closest living next of kin of the Decedent or that I otherwise serve (served) in the capacity of \_\_\_\_\_ to 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.

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\_\_\_\_\_.

Name: \_\_\_\_\_

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

Relationship to Decedent: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Witness for signature(s) of Authorizing Agent(s): \_\_\_\_\_

**REPRESENTATIONS OF FUNERAL DIRECTOR**

I warrant, to the best of my knowledge, that I have reviewed this form with the Authorizing Agent(s), that no member of our Funeral Home, has any knowledge or information that would lead us to believe that any of the answers provided by the Authorizing Agent(s) are incorrect, that the human remains delivered to the Crematory and represented as the human remains that we identified to our Funeral Home as the Decedent, that our Funeral Home obtained all the necessary permits authorizing the cremation and those permits are attached and that the representations concerning a pacemaker and other materials or implants that may be potentially hazardous are true.

Signature of Funeral Director: \_\_\_\_\_

**IDENTIFICATION OF REMAINS CONFIRMATION, RELEASE,  
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

The undersigned hereby warrants they are a relative of or the party authorizing cremation services for \_\_\_\_\_ (“decedent”), whose body is presently located on the premises of Walker Family Mortuary (“Funeral Home”) or Central Utah Cremation Services (“Crematory”).

The undersigned, further confirms that they have been designated or requested to identify the body of the decedent and it is their wish to view the body of the decedent. Accordingly, in connection with that request, they hereby confirm the following:

1. That cremation is irreversible and it therefore is necessary to positively identify the body to assure that the correct body will be cremated.
2. That I (We) have viewed the body and hereby confirm that the body is that of the decedent listed above.

The undersigned assumes all liability for incorrectly identifying the body and does hereby agree to indemnify and hold harmless the Funeral Home and Crematory from any claims or causes of action arising or related in any respect to the undersign’s act of identification to identify the remains of the decedent.

I (We) hereby acknowledge that we have read this Identification of Remains Confirmation, Release, Indemnification and Hold Harmless Agreement and understand its terms. I (We) have executed this instrument voluntarily and with full knowledge of its significance.

Date: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Accepted by Funeral Home/Crematory

By: \_\_\_\_\_

Authorized Representative

## CREMATORY WITNESS RULES AND REGULATIONS

The Crematory is not generally open to the public and witnesses to cremation are only allowed for religious or other similar good cause and only with the consent of the Crematory. Because witnessing a cremation is a privilege, the following Rules and Regulations have been adopted by Crematory for the mutual protection of its employees and of all persons who are authorized to witness a cremation service at the Crematory:

1. No person may witness a cremation unless they are a close relative of the decedent, a close friend of the decedent, a member of the clergy who officiated at the funeral or memorial services for the decedent, and they or someone legally authorized on their behalf, executed an approved Witness Authorization form from the Crematory.
2. Witnesses must comply with the instructions of Crematory personnel at all times.
3. Witnesses shall remain at the approved location for viewing the cremation services.
4. Upon advance notice to Crematory and with its consent, one Witness may be designated to start the cremation unit for the cremation.
5. No witnesses, other than the one designated to start the cremation unit, may be near the cremation unit.
6. Witnesses shall maintain the decorum required for a ceremony of this kind and may be removed by Crematory personnel for any violations.
7. Children, other than members of the immediate family of the decedent, will not be allowed to witness a cremation service.
8. Because of the limited facilities of the Crematory for witnessing, any person who has any physical limitations must notify the Crematory of those limitations and any special requirement in advance. If the Crematory is not notified in advance, it reserves the right to restrict the witnessing by that person if it is unable to reasonably accommodate their special requirements at that time.
9. Witnessing a Cremation can be an emotional experience. Because witnessing a Cremation is a privilege, Witnesses are assuming the risks involved and understand that Crematory has no responsibility or liability with respect to the process.

### WITNESS AUTHORIZATION FORM

The undersigned hereby warrants that they have authorized the cremation of \_\_\_\_\_  
(decedent) and request the \_\_\_\_\_ (Crematory) for permission for the following people to witness the cremation services of  
the decedent, to be held at the Crematory on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

The undersigned hereby confirms that they understand that there is limited space in the Crematory, that witnessing the cremation of the decedent is a privilege, that the Crematory can be a dangerous place and they will not engage in any activities that will endanger themselves or anyone else present at the Crematory for the cremation services of the decedent. The undersigned, in consideration of the Crematory's consent to witness the cremation of the decedent, agrees to comply will all of the Crematory's rules and regulations related thereto, a copy of which is attached hereto.

Further, the undersigned on behalf of themselves, their immediate family and their relatives agrees to hold harmless and to indemnify the Crematory for any claim, action, liability, costs, agents expenses or legal fees with respect to all claims of any nature whatsoever made by any person or entity, including their immediate family, relatives of the immediate family and relatives of the decedent arising out of any actions taken by the Crematory pursuant to the Witness Authorization Form or the cremation services performed on decedent.

In the event this witness authorization is executed by more than one person, the singular shall include the plural, and each shall be jointly and severally liable for all representations and warrants and indemnifications contained in this Authorization. If this witness authorization is executed by a legally authorized party on behalf of a group of people that will be witnessing the cremation of the decedent, the that party, as the undersigned, hereby confirms that they are legally authorized to act on behalf of the group they are representing and will be responsible and hold Crematory harmless for the actions of the group or any member thereof.

Date: \_\_\_\_\_

\_\_\_\_\_  
Person Authorizing Cremation

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

