

4555 South Redwood Rd
Salt Lake City, UT 84123
ipscrematory.com



Main (801) 263-8200
Fax (801) 263-6352
mail@ipscrematory.com

DIRECT CREMATION SERVICE \$890

(Plus \$100 Utah State Cremation Tax & \$7 Permit)

Transportation to Funeral Home

Removal and transportation from place of death (Hospital, nursing home, residence, etc.) or medical examiner to I.P.S. up to 50 miles one way. Each add'l one-way mile: \$2.00.

Filing necessary paperwork

After obtaining required information for a Death Certificate, we will generate a certificate, get necessary signatures and file it with the State of Utah. While filing the certificate, we will also be able to pick up orders for certified copies, and a burial/transit permit (required if the cremains will be buried or taken out of state).

Cremation container & Cremation

Expendable cardboard cremation container that body is placed in for cremation.

Heavy plastic urn suitable for burial

If an urn is not purchased through us, or provided by the family, the cremated remains will be returned in a heavy plastic urn.

OTHER SERVICES OFFERED

Certified copies of Death Certificate..... First copy– **\$18**
each additional copy– **\$10**

Obituary

Obituary charges are billed to the family by the newspaper. We will be glad to assist you in posting an obituary. Submissions for The Salt Lake Tribune and Deseret News can be sent electronically online (www.nacorp.com/obituaries), e-mailed (nacobits@nacorp.com), or walked in by person.

Shipping (of cremains out-of-state by registered postal mail)..... **\$45**

Optional Urns

If you would like a specialty urn, we have a variety on display from which to choose. Our urns range in price as follows:

Plastic Urns \$50-150; Wood Urns \$75-450; Marble Urns \$140-400; Metal Urns \$150-600

Independent Professional Services

Statistical Information Form

Decedent's Legal Name (Include AKA's, if any) (First, Middle, Last)				Social Security Number	
Date Of Death		Time Of Death		If Death occurred in hospital:	
				<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA	
Name of Hospital, Nursing Home, or Street Address of Death				If Death occurred somewhere other than hospital:	
				<input type="checkbox"/> Nursing Home/Long Term Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): _____	
City of Death			County of Death		State of Death
Date Of Birth		Age	Birthplace (City & State or Foreign Country)		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Branch & Years of Service	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown					
Surviving Spouse's Name (First, Middle, MAIDEN Surname)			If Widowed or Divorced, Name of Last Spouse		
Was Decedent of Hispanic Origin? <input type="checkbox"/> Yes (if Yes, specify) <input type="checkbox"/> No		Check the item that best describes Decedent: <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Spanish/Hispanic/Latino (Specify): _____			
Decedent's Race (<i>check all that apply</i>) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian or Alaska Native (Name of Enrolled or Principal Tribe): _____ <input type="checkbox"/> Other Asian (Specify): <input type="checkbox"/> Other Pacific Islander (Specify): <input type="checkbox"/> Other (Specify): [_____]					
Decedent's Education (<i>Item that best describes highest degree/level of school completed at time of death</i>) <input type="checkbox"/> 8 th Grade or less <input type="checkbox"/> 9 th - 12 th Grade; No diploma <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> College, but no degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> None <input type="checkbox"/> Unknown					
Decedent's Occupation (<i>Kind of work done longest</i>)			Kind of Business or Industry		
Decedent's Last Legal Residence - Street & Number					Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, Town, Community, or Rural		County		State	Zip Code
Father's Name (First, Middle, Last)			Mother's Name (First, Middle, MAIDEN Surname)		
Contact Name (Person providing information)				Relationship to Decedent	
Contact Mailing Address (Street & Number, City, State, Zip)					
Contact Information (<i>Telephone, Cell Phone, etc.</i>)				Number of Certified Death Certificates Requested	
Certifying Physician or Hospice				Physician or Hospice Phone	

Independent Professional Services
Mortuary/Crematory
4555 South Redwood Road, Salt Lake City, Utah 84123
Business Phone: (801) 263-8200 Fax Number: (801) 263-6352

INDEPENDENT PROFESSIONAL SERVICES

Crematory & Mortuary
4555 South Redwood Road, Salt Lake City, Utah 84123
(801) 263-8200 FAX:(801) 263-6352

No. _____

Date _____

AUTHORIZATION FOR CREMATION AND DISPOSITION

The state of 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 3.B. of this Authorization Form prior to signing it. We want you to fully understand the information provided in this Authorization Form, so we will be pleased to answer any questions about the cremation process or other questions that you may have.

1. DECEASED INFORMATION

A. IDENTIFICATION

Name of Decedent:	Date of Death:	Time:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Death:	Date of Birth:	Age:	SS #:

_____ The Authorizing Agent has viewed the remains and positively identified them as that of the Decedent; **OR**
(Initials)

_____ The personal representative of the Authorizing Agent has viewed the remains and positively identified them as that of the
(Initials) Decedent; **OR**

_____ The Authorizing Agent has authorized the Funeral Home to rely on identification of the Decedent made by the following
(Initials) facility: _____.

B. ARTIFICIAL DEVICES

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: _____

_____ The remains of the Decedent do not contain any of the Devices described in Section 1.B. on the reverse side; **OR**
(Initials)

_____ As Authorizing Agent, I/we instruct the Funeral Home to remove each Device listed above and to charge for its services in
(Initials) making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose of all such Devices. In any manner it sees fit and at any time. Manner of disposal of devices: _____

C. 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 are given below. If no specific instructions are given, I/we release the Funeral Home and Crematory from liability for these items.

Items to be delivered to Authorizing Agent or Designee: _____

2. CREMATION CONTAINER AND URN

A. CREMATION CONTAINER

The Crematory requires the remains of Deceased be in a suitable container for cremation.

B. URN

An urn to hold the cremated remains may be purchased or provided by the Authorizing Agent but an urn is not required. If an urn is not purchased or provided, the cremated remains will be delivered in a rigid container.

Urn purchased by Authorizing Agent. Description of urn: _____

Urn provided by Authorizing Agent. Description of urn: _____

Standard temporary container provided by Crematory.

1. B. PACEMAKERS, 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 Section 1.B. on the reverse side all devices (including mechanical, prosthetic, implants, or materials), which may have been implanted in or attached to the Decedent.

2. A. 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 some crematories 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.

2. B. URN OR TEMPORARY CONTAINER

After the cremated remains have been processed, they will be placed in the urn listed on reverse side or, if an urn is not provided to the Crematory, in a temporary container provided by the Crematory. The Authorizing Agent acknowledges that it is impossible to recover all of the dust and residue from the cremation and processing. However, 100% of the cremated remains recovered from the cremation chamber and processing equipment shall be prepared for disposition in the manner directed per the written instructions of the Authorizing Agent.

In the case of an adult, it is recommended that the urn or temporary container be a minimum size of 200 cubic inches. In the event the urn or temporary container is insufficient to accommodate all of the cremated remains, the excess will be placed by the Crematory in a secondary container. This secondary container will be kept with the urn or the temporary container and handled according to the final disposition instruction set forth in Section 4; 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 Section 2.B. on the reverse side.

3. A. IDENTIFICATION OF AUTHORIZING AGENT

58-9-602. Determination of control of disposition.

The right and duty to control the disposition of a deceased person, including the location, manner and conditions of the disposition, and arrangements for funeral goods and services to be provided vest in the following degrees of relationship in the order named, provided the person is at least 18 and is mentally competent:

- (1) the person designated:
 - (a) in a written instrument is executed with the same formalities required of a will under Section 75-2-502; or
 - (b) by a service member while serving in a branch of the United States Armed Forces as defined in 10 U.S.C. Sec. 1481 in a federal Record of Emergency Data, DD Form 93 or subsequent form;
- (2) the surviving, legally recognized spouse of the decedent, unless a personal representative was nominated by the decedent subsequent to the marriage, in which case the personal representative shall take priority over the spouse;
- (3) the person nominated to serve as the personal representative of the decedent's estate in a will executed with the formalities required in Section 75-2-502;
- (4)
 - (a) the sole surviving child of the decedent, or if there is more than one child of the decedent, the majority of the surviving children;
 - (b) less than one-half of the surviving children are vested with the rights of this section if they have used reasonable efforts to notify all other surviving children of their instructions and are not aware of any opposition to those instructions on the part of more than one-half of all surviving children;
- (5) the surviving parent or parents of the decedent, and if one of the surviving parents is absent, the remaining parent is vested with the rights and duties of this section after reasonable efforts have been unsuccessful in locating the absent surviving parent;
- (6)
 - (a) the surviving brother or sister of the decedent, or if there is more than one sibling of the decedent, the majority of the surviving siblings;
 - (b) less than the majority of surviving siblings are vested with the rights and duties of this section if they have used reasonable efforts to notify all other surviving siblings of their instructions and are not aware of any opposition to those instructions on the part of more than one-half of all surviving siblings;
- (7) the person in the classes of the next degree of kinship, in descending order, under the laws of descent and distribution to inherit the estate of the decedent, and if there is more than one person of the same degree, any person of that degree may exercise the right of disposition;
- (8) any public official charged with arranging the disposition of deceased persons;
- (9) in the absence of any person under Subsections (1) through (8), any other person willing to assume the responsibilities to act and arrange the final disposition of the decedent's remains, including the personal representative of the decedent's estate or the funeral service director with the custody of the body, after attesting in writing that a good faith effort has been made to no avail to contact the individuals referred to in Subsections (1) through (8).

3. AUTHORIZATION

A. AGENT

As Authorizing Agent, I/We represent that I/We have the right to authorize the cremation of the Decedent's remains and warrant:

(Initials) As Authorizing Agent, I/we have filled in Section 3.A. I/We understand that any living person who meets the qualifications of any level above or equal to the one I/we filled in would have a **superior or equal** right to act as the Authorizing Agent I/We do not have actual knowledge of the existence of any living person who has a **superior or equal** right to act as the Authorizing Agent.

Name of Authorizing Agent	Address	Telephone	Relationship*
(1)			
(2)			
(3)			
(4)			

*See notes to 3. A. on reverse side.

B. CREMATION PROCESS

(Initials) As Authorizing Agent, I/we have read and understand the description of the cremation process contained in Section 3.B. on the reverse side and authorize the cremation, processing and pulverization of the remains of the Decedent. I/we further authorize IPS Crematory to deliver the Decedent's remains to their facility for the purpose of the cremation.

4. FINAL DISPOSITION

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 the express written consent of the Authorizing Agent.

(Initials) Location will deliver or mail (register-return receipt) the cremated remains to the name and address listed below for:
 personal disposition, inurnment, interment, or scattering.

(Initials) The cremated remains will be held by Location for pick-up, and Location is authorized to release the cremated remains to name and address listed below:
Name (Designee): _____ Relationship: _____

(Initials) Other Method Disposition (Describe): _____

5. 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 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 _____, this _____ day of _____, 20_____.

Signature of Authorizing Agent (1): _____ (3): _____

Signature of Authorizing Agent (2): _____ (4): _____

To Sign:
Click "Sign" or "Extended" button above. (right side of menu bar) Then select "Apply Ink Signature".

*If a Funeral Director witnesses the execution of this Authorization by the Authorizing Agent, the Funeral Director verifies the accuracy of the identity of the Decedent and the representation that a Burial Permit or Burial Transit Permit authorizing the cremation of the Decedent's remains has been obtained.

6. RECEIPT OF CREMATED REMAINS
DO NOT SIGN UNTIL CREMATED REMAINS ARE RELEASED

Printed name(s) of person(s) receiving cremated remains: _____

Name of Deceased: _____ Date of receipt: ___/___/20___ Time: _____ am/pm

I/We acknowledge receipt of the cremated remains of Deceased and assume responsibility for the disposition of the cremated remains.

Signature(s): _____

Printed name of funeral home representative: _____ Signature: _____

3. B. 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 subjected to intense heat and flame. 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 body 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 a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, shall be recovered by manual means, such as brushing, and industry-specific mechanical means, such as vacuuming, in order to retrieve the cremated remains from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, 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 residues of previous cremations is possible. 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 hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. Other non-bone fragment foreign material that was part of the deceased prior to cremation and recovered with the cremated remains, such as an internal prosthesis, shall be removed prior to processing so that only human bone fragments will remain. Non-bone fragment foreign material may be commingled with other like material and shall be disposed of in a dignified manner, such as burial in a cemetery, in accordance with all applicable laws. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically processed, 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 a designated container.

4. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs the Funeral Home and Crematory 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 and 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 thirty (30) days after cremation. If during that thirty (30) 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 Authorizing Agent at the address listed in Section 3.

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, 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.