

INDEPENDENT PROFESSIONAL SERVICES

Mortuary/Crematory

DIRECT CREMATION SERVICE

\$900.00

(Plus \$47 Mandatory State of Utah Cremation Fee)

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– \$16
each additional copy– \$8

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 \$100-450; Marble Urns \$130-400; Metal Urns \$320-800

4555 South Redwood Road
Salt Lake City, Utah 84123

(801) 263-8200
Fax: (801) 263-6352

<http://www.ipscrematory.com>

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Statistical Information Form

Decedent	DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last)			SEX
	DATE OF DEATH	TIME OF DEATH	SOCIAL SECURITY NUMBER	
	DATE OF BIRTH	BIRTHPLACE (City & State or Foreign Country)		
	Place of Death			
	<u>If Death occurred in hospital:</u> <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		<u>If Death occurred somewhere other than hospital:</u> <input type="checkbox"/> Nursing Home/Long Term Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): _____	
	Name of Hospital, Nursing Home, or Street Address of Death			County of Death
	City of Death		Was Decedent ever in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Married but Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown			Surviving Spouse's Name (Prior to 1 st Marriage)
	Decedent's Usual Occupation (Kind of work done during most of working life, Not retired)			Kind of Business or Industry
	Residence - Street & Number			City, Town, Community, or Rural
State	County		Zip Code	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parents	Father's Name (First, Middle, Last)		Mother's Name Prior to 1 st Marriage (First, M, Last)	
Informant	Name, Relationship and Mailing Address of Informant (Street & Number, City, State, Zip)			
Race & Education	Was Decedent of Hispanic Origin? (Check "No" if not Spanish/Hispanic/Latino) <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Check the item that best describes Decedent: <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify): _____	
	Decedent's Race (<i>check one or more races to indicate what the decedent considered himself or herself to be</i>) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaska Native (Name of Enrolled or Principal Tribe): _____ <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian (Specify): _____ <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 Other Pacific Islander (Specify): _____ Other (Specify): _____		Decedent's Education (<i>Item that best describes highest degree/level of school completed at time of death</i>) <input type="checkbox"/> None <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"/> Some College Credit, 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"/> Unknown	

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Cremation# _____

Cremation Date _____

AUTHORIZATION FOR CREMATION AND DISPOSITION

The undersigned (hereinafter referred to as the "Authorized Representative(s)") hereby certify that they are the legal custodians of the herein named Deceased (hereinafter referred to as the "Deceased"), having full legal authority to authorize the cremation, processing and disposition of the cremated remains of the Deceased and hereby request and authorize, IPS CREMATORY (hereinafter referred to as the "Company"), to take Possession of and make arrangements for the cremation, processing and disposition of the remains of:

(name of Deceased)

who passed away the ____ day of _____, 200__ at the following location _____
in accordance with and subject to: (a) the terms and conditions set forth in this Authorization, (b) the Company's rules and regulations and (c) any applicable state or local laws, rules or regulations.

Disposition of Cremated Remains

The authorized Representative(s) hereby authorize the Company to make disposition of the cremated remains of the Deceased as follows:

- 1. Return to the funeral home within 10 days.
- 2. Ship cremated remains via Certified Mail to: _____
- 3. Deliver to: _____
- 4. Special Handling: _____

A. The authorized Representative(s) certify and represent that the remains delivered for cremation are those of the Deceased and the Authorized Representative(s) further represent that they have the right to control the disposition of said remains.

B. The remains of the Deceased will not be accepted for cremation unless they are received in a leak resistant, rigid cremation container. The Company reserves the right to accept or reject a cremation container constructed of noncombustible materials. Remains received in a noncombustible cremation container may be removed prior to cremation and placed in a combustible container; and the Company reserves the right to make disposition of such noncombustible container at its sole discretion.

C. The Authorized Representative(s) understand that due to the nature of the cremation process, certain materials, including body prostheses, dental bridgework, dental fillings, or personal articles accompanying the remains will either be destroyed or will not be recoverable. Accordingly, the Authorized Representative(s) represent and warrant to the Company that such materials: (i) have been removed from the remains; (ii) may be removed from the remains and disposed of by the Company unless otherwise directed in writing by the Authorized Representative(s); or (iii) may be destroyed by the cremation process.

D. Mechanical devices implanted in the Deceased may create a hazardous condition when placed in a cremation chamber. The Company will not, therefore, cremate any human remains which contain any type of implanted mechanical device. **THE AUTHORIZED REPRESENTATIVE(S) CERTIFY THAT THE REMAINS OF THE DECEASED DO DO NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL DEVICE.** In the event the remains of the Deceased do contain such a device, the Authorized Representative(s) hereby authorize and instruct the Company, its agents and employees, to contact the appropriate persons and secure the removal of

any and all mechanical devices from the remains prior to commencement of the cremation process. The Authorized Representative(s) also agree to indemnify the company, its affiliates, and their agents and employees, against loss from any and all claims, demands, or damages which may be made or declared against it or them by reason of the failure of the Authorized Representative(s) to timely disclose the existence of such implanted mechanical device(s). The following list describes all existing devices (including **all** mechanical and prosthetic devices which may be implanted in or attached to the Deceased) to be removed from the remains of the Deceased and disposed of as instructed below:

Description: _____ Disposition _____

Description: _____ Disposition _____

If no instruction for disposition of a mechanical device is given herein, the Company is authorized to dispose of such a device at its sole discretion.

E. CREMATED REMAINS CONSIST PRIMARILY OF BONE FRAGMENTS, WHICH ARE REDUCED TO PERMIT THEIR PLACEMENT IN AN URN OR OTHER SUITABLE CONTAINER. UNLESS A SUITABLE CONTAINER IS PURCHASED FOR THE CREMATED REMAINS OF THE DECEASED, THE COMPANY WILL PLACE SUCH REMAINS IN A CONTAINER WHICH IS DESIGNED FOR SHORT-TERM USE. THE AUTHORIZED REPRESENTATIVE(S) UNDERSTAND THAT, EVEN WITH THE EXERCISE OF REASONABLE CARE AND THE USE OF ITS BEST EFFORTS, THE COMPANY MAY NOT BE ABLE TO RECOVER ALL THE PARTICLES OF THE CREMATED REMAINS OF THE DECEASED REMAINING IN THE CREMATION CHAMBER AND/OR OTHER DEVICES UTILIZED TO REDUCE THE CREMATED REMAINS, AND THE DISPOSITION OF ANY REMAINING PARTICLES OF CREMATED REMAINS OF THE DECEASED AT THE SOLE DISCRETION OF THE COMPANY MAY TAKE PLACE.

(initial)

F. THE AUTHORIZED REPRESENTATIVE(S) AGREE THAT THE PERMANENT ARRANGEMENTS FOR FINAL DISPOSITION OF THE CREMATED REMAINS ARE TO BE CARRIED OUT BY THE AUTHORIZED REPRESENTATIVE(S) OR THEIR DULY AUTHORIZED AGENT WITHIN 120 DAYS AFTER THE DATE OF AVAILABILITY OF SUCH CREMATED REMAINS FOR FINAL DISPOSITION. THEREAFTER, THE COMPANY IS AUTHORIZED AND DIRECTED TO DISPOSE OF THE CREMATED REMAINS IN ANY MANNER IT MAY DEEM SUITABLE.

G. The obligation of the Company shall be limited to the cremation of the remains of the Deceased and the disposition of the cremated remains as directed herein. The Authorized Representative(s) agree to release and hold the Company, its affiliates and their agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorneys fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains as authorized herein or the failure of the Authorized Representative(s) to identify properly the remains of the Deceased or take possession of or make permanent arrangements or the disposition of such remains. No warranties expressed or implied are made and damages shall be limited to the refund of the cremation fee paid hereunder.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

Signature	Date	Relationship	Address	Tel. Number
_____	___/___/___	_____	_____	_____
<i>Type name here for email submission</i>	___/___/___	_____	_____	_____

(authorized representative(s))

*Unless previously authorized by the Deceased in accordance with applicable state law, no cremation may take place without written authorization from the next of kin of the Deceased, or the Deceased's legal representative. The next of kin is the persons described below in the following order: (a) Surviving Spouse (b) Surviving Children, (c) Surviving Parents (d) Surviving Brothers & Sisters (e) Surviving Uncles & Aunts (f) Surviving first cousins etc.

If the next of kin is a child, or brother or sister, it is recommended that all children or all brothers and sisters sign.