

SCHEDULE OF FORMS

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ANNUAL FINANCIAL SUMMARY REPORT FOR THE YEAR 2_____
OF ALL PREPAID CONTRACTS SOLD AND MONEY IN TRUST

We do not have any monies in trust.

I. REPORT OF PREVIOUS YEAR'S ACTIVITY

A. Trust Balances at End of the Reporting
 Year December 31, 2_____

Pre- June 1, 1987 contracts # _____ \$ _____
 Post- June 1, 1987 contracts # _____ \$ _____
 Total Number of contracts # _____
 Total monies in trust at start of reporting year =\$ _____ (1)

II. NEW ACTIVITY

B. Monies Added to Trust during Reporting Year 2_____

Single pay contracts payments trusted – number of contracts # _____ \$ _____
 Time pay contracts payments trusted* – number of contracts # _____ \$ _____
 *include all financing fees charged and collected
 Trust funds Transferred "IN" – number of contracts # _____ \$ _____
 Total # of contracts added to trust in 2_____ # _____
 Total of funds added to trust in 2_____ \$ _____ (2)

C. Interest earned on ALL trusted funds Jan 1 to Dec 31, 2_____ \$ _____ (3)

D. Monies Withdrawn from Trust in 2_____

Serviced contracts – number of contracts # _____ \$ _____
 Cancellations – number of contracts # _____ \$ _____
 Trust transfers "OUT" – number of contracts # _____ \$ _____
 Total of All funds withdrawn from trust \$ _____ (4)

E. Grand Total Trusted funds as at Dec 31, 2_____ \$ _____
(1+2+3) - 4= Grand Total

F. Total value of Guaranteed Prepaid Contracts issued this reporting period \$ _____

Total value of Deposit Contracts issued this reporting Period \$ _____

G. Total Reported by Financial Institution(s) \$ _____

NOTE: Copies of Dec 31, 2_____ statements from financial institution(s) must be attached

III. DECLARATION

Non-trusted Monies (Act 74(2) - I hereby declare that I (we) [] do [] do not exercise the provision of withholding up to 15 %. If you do withhold up to 15% from trust:

(i) Total dollar amount withheld this reporting year \$ _____

(ii) Total dollars withheld including this reporting period \$ _____

I the undersigned do solemnly declare that the information provided in this document is complete and truthful in all respects.

Name of Licensed Funeral Home License Number Signature of Signing Officer Date

Instructions for Completion of Form 1

- Funeral homes that do not have funds in trust, please check the box at the top of the page, date and sign the declaration.
- **Section I A** – The total monies in trust at start of reporting year should be the Grand Total Trusted funds as at the previous year end (see Section II E from last year’s report)
- **Section II B – Single pay contracts:** Are contracts for which the full payment of the contracted goods and services are paid.
- **Section II B – Time pay contracts:** Funds received during the reporting year for time pay contracts should include funds for contracts that were written in prior years and have had payments applied in the reporting year. Example: Where a contract is written in December 2009 but the funds are not deposited until January 2010, this contract would be included in the 2010 reporting year.
- **Section II B – Trust Funds Transferred In:** “Transferred in” contracts are contracts where the purchaser has decided to move their preneed contract from another funeral home to your funeral home.
- **Section II B – Total funds added to trust:** Deposits in transit (eg: payment made in December and deposited to trust in January) should not be included in this amount. Only actual payments made within the reporting year should be included.
- **Section II D – Serviced Contracts:** Are contracts that have been serviced by your funeral home.
- **Section II D – Cancellations:** Are contracts that have been cancelled and funds remitted to the buyer.
- **Section II D – Trust transfers “OUT”:** Are contracts that have been transferred at the request of the buyer from your funeral home to another funeral home.
- **Section II D - Total of all funds withdrawn from trust:** Transfers in transit (eg: order for transfer received in December where funds were not withdrawn from trust until January) should not be included in this amount. Only serviced contracts, cancellations and transfers out as noted above should be included in this amount.
- **Section II E – Grand Total Trusted funds:** This amount should equal the amount of trusted funds reported by the Financial Institution(s) in Section II G.
- **Section II F – Total value of Guaranteed Prepaid Contracts:** Funds for contracts where goods and services are guaranteed. Does not include funds placed on deposit for non-guaranteed services or cash advance items.
- **Section II F – Total Value of Deposit contracts:** Funds placed in trust for non-guaranteed funeral goods and services or cash advance items on a guaranteed contract, if any.
- **Section II G – Total Reported by Financial Institution(s):** The amount(s) reported by the financial institution(s) should equal the amount in Section II E.



LETTER OF DIRECTION
(pursuant to *the Funeral and Cremation Services Act*)

To: _____
(Financial Institution)

Saskatchewan Address: _____

Town/City: _____ Postal Code: _____ Phone: (____) _____

and The registrar, Funeral and Cremation Services Council of Saskatchewan
3847C Albert St, Regina, SK S4S 3R4

Re: _____, being a licensed owner authorized to sell prepaid funeral contracts and
doing business under the name of _____

I/We the undersigned, having signing authority at the above mentioned financial institution, authorize and direct you to release to the registrar of the Funeral and Cremation Services Council of Saskatchewan, any and all information requested, respecting any individual trust account(s) which is, was or may be opened by the owner. All requests for the above information shall be in writing from the registrar. Such information is restricted to the following:

- > name and account number of each trust account
- > date of deposit
- > initial deposit amount
- > subsequent deposits under this name, if any
- > amount of interest applied to the credit of this account as of the end of the previous month
- > the date and amount paid out from the date of the initial deposit, if applicable

This direction shall be irrevocable by the owner as long as there are trust accounts for prepaid funeral contracts at the above-mentioned financial institution.

Signature

Date

FINANCIAL INSTITUTION ACKNOWLEDGEMENT

We hereby acknowledge and agree to this. Dated _____ day of _____, 2 _____.

Name of Financial Institution

Institution's Authorized Signing Officer & Title

Name of Financial Institution

Institution's Authorized Signing Officer & Title



**Request for Exemption from Keeping of Records in Saskatchewan
Made pursuant to Section 21 of *The Funeral and Cremation Services Act* and
Council Bylaw 3025(4)**

Name of Owner: _____
(Corporation)

Head Office Address: _____

I, _____, _____
(Name) (Title)

warrant by my signature hereunder that I am duly authorized to offer any undertaking made in relation to this request on behalf of _____ hereinafter referred to as "the owner".
(Corporation)

It is intended that some, or all of the records specified in subsection 20(2) of *The Funeral and Cremation Services Act* (the Act) will be kept in a location outside the Province of Saskatchewan, namely:

(Address)
hereinafter referred to as "the premises".

The Superintendent of Funeral and Cremation Services, (the Superintendent) or a person authorized in writing by the Superintendent is authorized to enter the premises to inspect and/or remove the records to Saskatchewan, in accordance with clause 21(b)(i) of the Act.

Where the Superintendent or a person authorized in writing by the Superintendent is required to inspect or remove the records, it is agreed that the reasonable costs incurred will be paid by the owner.

Dated this _____ day of _____ 20____ at _____

in the Province of _____.

(Signature of Authorized Representative)

CONTRACT CONDITIONS and A STATEMENT OF CANCELLATION RIGHTS

6. This agreement is subject to the provisions of *The Funeral and Cremation Services Act*, Regulations and Bylaws as the same may be amended from time to time. In the case of discrepancies the provisions of *The Funeral and Cremation Services Act*, Regulations and Bylaws shall be deemed correct and binding upon the parties of this agreement.

7. Buyer's Right to Cancel or Transfer

You may cancel this contract and receive a full refund if you cancel during the period beginning on the day you enter into the contract and ending 10 business days after the day you receive a copy of the contract. You may also cancel this contract at any time after the period mentioned above.

If you cancel the contract after that period, you may not receive a refund for any goods that have been specially ordered or cannot be sold to anyone else (e.g., if the goods have been engraved), as long as the fact that those goods were not subject to refund is stated in the contract. The owner will, however, provide you with those goods on cancellation.

Also, if you cancel the contract after that period, you may be charged an administration fee of: within the first year of the contract, 10% of the funds paid pursuant to the prepaid contract, including any income on those funds or \$250, whichever is the lesser amount; after the first year of the contract, 10% of the funds paid pursuant to the prepaid contract, including any income on those funds or \$500, whichever is the lesser amount.

To cancel, you must give notice of cancellation in writing to the owner at the owner's address. The owner shall, within 15 business days after the day on which he or she receives the notice, pay to the buyer all of the moneys that were paid in relation to the prepaid contract and all income accrued or earned on those moneys as calculated in accordance with the regulations. This contract may also be transferred to another owner. To transfer, you must give notice in writing to the first owner at the owner's address.

8. Buyer's Right to Cancel at Other Times: The buyer may also cancel the contract and receive a full refund within 30 days of receiving a copy of the contract if the owner failed to provide said copy within 7 business days of signing, or within one year of receiving a copy of the contract if the owner was not licensed, or within one year of receiving the contract if the contract did not include the licensed salesperson's name, a statement of all cancellation rights and other specific provisions of the Act (Sec 77) and Regulations. Notice shall be deemed served when personally delivered or sent by the buyer.

9. Owner's Obligation Upon Receipt of Notice:

For Cancellation Within Allowable Specified Times: The owner shall within 15 business days refund to the buyer all moneys paid pursuant to the contract, and all income accrued on those moneys and any refundable taxes, without penalty or deduction of administration fee or specially ordered goods all as calculated in accordance with the Regulations.

For Cancellation at Any Time: The owner shall within 15 business days refund to the buyer all moneys paid pursuant to the contract and all income accrued on those moneys, and any refundable taxes, less an administration fee and the cost of specially ordered goods all as calculated in accordance with the Regulations.

For Transfer: The initial owner shall cause all funds to be transferred to the receiving owner and financial institution of that owner in accordance with the Act, Regulations and Bylaws. The initial owner may withhold an administration fee and the cost of specially ordered goods, if itemized and disclosed in this contract. Such goods and funds shall be delivered and transferred within 15 business days of receipt of the transfer notice.

10. Owner's Right to Cancel: The owner may cancel this contract with written consent of the buyer, or by providing 15 business day's notice to the buyer of the owner's intention to cancel the contract, whereupon the buyer may elect to either: (a) receive an amount equal to or greater than the current day value of the contracted goods and services or (b) receive all the moneys paid pursuant to the contract including all income accrued on those moneys and all refundable taxes without penalty or deduction of an administration fee or cost of specially ordered goods as calculated in accordance with the Regulations. Should the owner cancel the contract for reason of default of payment(s) by the buyer, an administration fee and cost of specially ordered goods may be deducted.

11. Owner's Right to Assign: The owner may assign this contract to another owner only after providing written notice to the Council and the Buyer in the manner prescribed in the Bylaws.

12. Goods and Services Unavailable: Where the owner is unable to provide certain goods or services at the time of death of the beneficiary, the owner shall, at the option of the buyer (a) provide goods and services of an equal or greater value at no additional charge or (b) within 15 business days return all the moneys paid pursuant to the contract, including all income accrued on those moneys and all refundable taxes without penalty or deduction of administration fee as calculated in accordance with the Regulations.

13. Taxes and Fees: Upon entering into this agreement the owner shall collect from the buyer and remit all required taxes of the day. It is agreed that any new taxes or regulatory charges or fees that may be created in the future by whatever authority, shall become the responsibility of the buyer.

14. Establishment of Trust Account: The owner shall, after deduction of taxes and funds for purchase of specialized goods, if any, immediately deposit in an interest bearing trust account with a financial institution in Saskatchewan a minimum of 85% of the balance of the funds paid or collected pursuant to this agreement. Any and all funds paid pursuant to this agreement that are not deposited into trust shall be itemized and identified in this agreement. The moneys deposited shall be kept separate and apart from all other moneys in the owner's control.

15. Fulfillment of the Contract: Upon the death of the beneficiary and provision of the contracted goods and services, the owner shall receive and accept from the financial institution, the balance of the trust funds, including all interest, less any services charges, as full settlement of the account. The financial institution shall, upon receipt of written notice and proof of death from the owner, release said funds to the owner.

CONTRACT CONDITIONS and A STATEMENT CANCELLATION RIGHTS

2. This agreement is subject to the provisions of *The Funeral and Cremation Services Act*, Regulations and Bylaws as the same may be amended from time to time. In the case of discrepancies the provisions of *The Funeral and Cremation Services Act*, Regulations and Bylaws shall be deemed correct and binding upon the parties of this agreement.

3. Buyer's Right to Cancel or Transfer

You may cancel this contract and receive a full refund if you cancel during the period beginning on the day you enter into the contract and ending 10 business days after the day you receive a copy of the contract. You may also cancel this contract at any time after the period mentioned above.

If you cancel the contract after that period, you may not receive a refund for any goods that have been specially ordered or cannot be sold to anyone else (e.g., if the goods have been engraved), as long as the fact that those goods were not subject to refund is stated in the contract. The owner will, however, provide you with those goods on cancellation.

Also, if you cancel the contract after that period, you may be charged an administration fee of: within the first year of the contract, 10% of the funds paid pursuant to the prepaid contract, including any income on those funds or \$250, whichever is the lesser amount; after the first year of the contract, 10% of the funds paid pursuant to the prepaid contract, including any income on those funds or \$500, whichever is the lesser amount.

To cancel, you must give notice of cancellation in writing to the owner at the owner's address. The owner shall, within 15 business days after the day on which he or she receives the notice, pay to the buyer all of the monies that were paid in relation to the prepaid contract and all income accrued or earned on those monies as calculated in accordance with the regulations. This contract may also be transferred to another owner. To transfer, you must give notice in writing to the first owner at the owner's address.

4. Buyer's Right to Cancel at Other Times: The buyer may also cancel the contract and receive a full refund within 30 days of receiving a copy of the contract if the owner failed to provide said copy within 7 business days of signing, or within one year of receiving a copy of the contract if the owner was not licensed, or within one year of receiving the contract if the contract did not include the licensed salesperson's name, a statement of all cancellation rights and other specific provisions of the Act (Sec 77) and Regulations. Notice shall be deemed served when personally delivered or sent by the buyer.

5. Owner's Obligation Upon Receipt of Notice:

For Cancellation Within Allowable Times: The owner shall within 15 business days refund to the buyer all monies paid pursuant to the contract, and all income accrued on those monies and any refundable taxes, without penalty or deduction of administration fee all as calculated in accordance with the Regulations.

For Cancellation at Any Time: The owner shall within 15 business days refund to the buyer all monies paid pursuant to the contract and all income accrued on those monies, and any refundable taxes, less an administration fee all as calculated in accordance with the Regulations.

For Transfer: The initial owner shall cause all funds to be transferred to the receiving owner and financial institution of that owner in accordance with the Act, Regulations and Bylaws. The initial owner may withhold an administration fee. Such funds shall be transferred within 15 business days of receipt of the transfer notice.

6. Owner's Right to Cancel: The owner may cancel this contract with written consent of the buyer, or by providing 15 business day's notice to the buyer of the owner's intention to cancel the contract, whereupon the buyer may elect to receive all the monies paid pursuant to the contract including all income accrued on those monies and all refundable taxes without penalty or deduction of an administration fee as calculated in accordance with the Regulations. Should the owner cancel the contract for reason of default of payment(s) by the buyer, an administration fee may be deducted.

7. Owner's Right to Assign: The owner may assign this contract to another owner only after providing written notice to the Council and the Buyer in the manner prescribed in the Bylaws.

8. Goods and Services Unavailable: Where the owner is unable to provide goods or services at the time of death of the beneficiary, the owner shall within 15 business days return all the monies paid pursuant to the contract, including all income accrued on those monies and all refundable taxes without penalty or deduction of administration fee as calculated in accordance with the Regulations.

9. Establishment of Trust Account: The owner shall immediately deposit in an interest bearing trust account with a financial institution in Saskatchewan a minimum of 85% of the balance of the funds paid or collected pursuant to this agreement. Any and all funds paid pursuant to this agreement that are not deposited into trust shall be itemized and identified in this agreement. The monies deposited shall be kept separate and apart from all other monies in the owner's control.

10. Fulfilment of the Contract: Upon the death of the beneficiary, the owner shall make available all funds paid pursuant to this contract, including any cumulative Management Expense Allowance, and all interest accrued on these monies, as calculated in accordance with the Regulations. Should the current day cost of the selected goods and service, including all taxes and fees, be LESS than the available funds, the owner shall refund the difference to the buyer or beneficiary's estate. Should the current day cost of the selected goods and services, including all taxes and fees be MORE than the available funds, the difference shall be due and payable to the owner. The financial institution shall, upon receipt of written notice and proof of death from the owner, release said funds to the owner.

ORDER FOR TRANSFER

PREPAID CONTRACT AND TRUSTED FUNDS

This document constitutes official request, in writing, issued by the Buyer or Contract Beneficiary in accordance with *The Funeral and Cremation Services Act*, instructing the Owner to proceed, as of this date, with the transfer of prepaid funds and related undertakings all in accordance with Regulations 6, 7, 9, and 10 and as directed and detailed below. Please press firmly with pen when filling out this form.

Buyer or Name of Contract Beneficiary _____ CONTRACT # _____
 Address: _____ City: _____ Province: _____

TRANSFER FROM (Originating Owner)

TRANSFER TO (Receiving Owner)

name _____
 address _____
 City Province Postal Code _____

name _____
 address _____
 City Province Postal Code _____

Originating Financial Institution

Receiving Financial Institution (designated by receiving owner)

name _____
 address _____
 City Province Postal Code _____

name _____
 address _____
 City Province Postal Code _____

I hereby request the Original Owner indicated above instruct the financial institution(s) holding the trust funds together with all the income earned thereon to the financial institution designated above, except that an administration fee may be paid from those funds to the Original Owner in accordance with Reg. 10 prior to the transfer. I also request the Original Owner pay to the Receiving Owner all funds that were not placed in the trust account as permitted pursuant to Section 74(2)(b) of the *Act*.

Any special ordered goods purchased pursuant to Section 74(2)(a) of the *Act* shall be;

- delivered to the Receiving Owner prepared for pick up by the Receiving Owner other (provide written instructions)

All of the above shall be completed within 15 business days of this written notice being received.

Signed in the city of _____ in the Province of _____ this _____ day of _____, 20____

Buyer/Beneficiary _____

Witness _____

The originating owner and/or financial institution: is further requested to provide the following financial information.

1. Amount of original contract..... \$ _____
2. Amount used for purchase of specialty goods (*Act* 74(2)(a))..... - _____
3. Amount not placed in trust (*Act* 74(2)(b))..... - _____
4. Amount of original deposit to trusts..... = _____
5. Amount of subsequent deposits to trusts (including financing fees).. + _____
6. Total accrued interest in all trust accounts at closing..... + _____
7. Total closing balance of trust account(s) (4+5+6)..... = _____
8. Administration fee charged by owner (Reg. 10)..... - _____
9. Total amount of funds transferred to financial institution (7 less 8)... = _____
10. Total amount of funds transferred (3 and 9 above)..... = _____

Contract Release / Assignment

The Buyer and the Original Owner hereby and hereon agree and acknowledge by their signature hereto applied that they mutually release one another from any and all obligations, requirements, and/or commitments contained within the original contract(s) noted in this document and that upon the completion of the transfer of all required funds and specialty ordered goods, if any, the original owner is no longer committed to the supply of any goods or services to the buyer and the buyer is released from any payment obligations to the Original Owner.

Buyer or Beneficiary _____ Date _____ Original Owner _____ Date _____

Must be signed prior to forwarding to original owner.

The Buyer acknowledges and the Receiving Owner agrees by their signature hereto applied that the Receiving Owner will perform: All services and supply all goods in a like and similar manner delineated in the original contract. The Receiving Owner further agrees that any funds which he/she receives directly from the Original Owner, which have not been placed in trust, shall be applied as a credit to the funeral account at the time the contract is serviced. Where any goods or services are not specified in the original contract or cannot be provided, the Buyer shall be fairly compensated. The Buyer and the Receiving Owner acknowledge the above will be effected by

- the assignment and adoption of the existing contract or the execution of a new contract

A copy of this form shall be attached to the contract

Buyer or Beneficiary _____ Date _____ Receiving Owner _____ Date _____

INSTRUCTIONS

This is a five part form which shall be initiated and completed by the Buyer and Receiving Owner who shall then deliver the form to the Original Owner. The Original Owner shall fulfill their obligations to effect the transfer of funds, complete the financial information requested, sign the contract release, retain last copy (Goldenrod) for their records, and return the form to the Receiving Owner all within 15 business days. The receiving owner shall complete the form and ensure part four (pink copy) is forwarded to Funeral and Cremation Services Council of Saskatchewan (FCSCS) office, part 3 (yellow copy) is provided to the buyer and part two (green copy) is for the buyer and/or beneficiary (not necessarily the same person [s]) and **part one (white copy) is kept in the Receiving Owner's records and attached to the new or assigned contract.**

White copy Green copy Yellow copy Pink copy Goldenrod copy
 Receiving Owner Beneficiary Buyer FCSCS Original Owner



BUYER'S ACKNOWLEDGEMENT OF UNDERSTANDING

(Name of Funeral Home)

I understand this agreement is not a Prepaid Contract as defined by *The Funeral and Cremation Services Act* and no claims can be made against the Prepaid Funeral Services Assurance Fund for any loss arising from this agreement.

Buyer's Name

Buyer's Signature

Salesperson's Name

Salesperson's Signature

Date

Contract Reference Number

ALTERNATIVELY:

In compliance with Bylaw 7040(2) the following wording may be embedded in the contract:

BUYER'S ACKNOWLEDGEMENT OF UNDERSTANDING

I understand this agreement is not a Prepaid Contract as defined by *The Funeral and Cremation Services Act* and no claims can be made against the Prepaid Funeral Services Assurance Fund for any loss arising from this agreement.



EMBALMER/FUNERAL DIRECTOR STUDENT REGISTRATION APPLICATION

Funeral and Cremation Services Council of Saskatchewan (FCSCS)
3847C Albert St., Regina, SK S4S 3R4 Phone: (306) 584-1575 or toll free 1-800-892-0116,
Fax: (306) 584-1576 Email: administration@funeralinfo.ca Website: www.fcscs.ca

I certify the following personal information is true and accurate and give permission for the council to verify any statements and information given on this application.

Full Name: _____

Home Address: _____, _____, _____, _____
(City) (Province) (Postal Code)

Home # (____) _____, Cell # (____) _____, Business # (____) _____

Personal Email: _____

Work Email: _____

Employed at: _____; Address _____
(Funeral Home Licensed in Saskatchewan)

I apply to be registered as an Embalmer and/or Funeral Director student.

I am a full-time or part-time student at _____ and my student number is _____.
(School/Institution)

Attached is: Copy of enrollment confirmation from school/institution;

Documentation of each class being taken as well as all subsequent classes on an ongoing basis

Have you been convicted of a criminal offence for which you have not received a pardon?

Yes No If yes, please state type of offence and date of conviction.

(Date)

(Conviction)

It is my ongoing responsibility to keep FCSCS informed of employment, practicum, and residence location changes.

Student's Signature

Date



LICENSE APPLICATION FOR A CONDITIONAL LICENSE

<input type="checkbox"/>	Embalmer
<input type="checkbox"/>	Funeral Director

Funeral and Cremation Services Council of Saskatchewan (FCSCS)
 3847C Albert St., Regina, SK S4S 3R4 Phone: (306) 584-1575 or toll free 1-800-892-0116,
 Fax: (306) 584-1576 Email: administration@funeralinfo.ca Website: www.fcscs.ca

Name of Graduate: _____
(Enter Full Name)

Address: _____, _____, _____, _____
(Home Address) (City) (Province) (Postal Code)

Home # (____) _____ Business # (____) _____ Fax # (____) _____ Cell # (____) _____

Personal Email _____

Work Email _____

Employed at _____; Address _____
(Funeral Home licensed in Saskatchewan)

I apply for admission and registration as an Intern in the Province of Saskatchewan.

- I have successfully completed my embalmer and/or funeral director program. Enclosed is a copy of the applicable certificate(s) and/or an official transcript from either **Saskatchewan Polytechnic** or MRU.
- I enclose a current police record check.

Graduate Signature _____
Date

PRECEPTOR'S OBLIGATION: The Preceptor accepts responsibility as per bylaw 2022 for this applicant.

Preceptor's Signature _____
Printed Name

OWNER'S OBLIGATION: The Owner or licensee designated by the Owner assumes responsibility as per bylaw 2022 for this applicant and confirms if they cease to be employed by the Owner written notice will be immediately given to the Registrar.

Owner or Licensee Designated by Owner - Signature _____
Printed Name

Payment by: Cheque Visa MasterCard _____ expiry date _____



STUDENT CREMATORIUM TECHNICIAN REGISTRATION

Funeral and Cremation Services Council of Saskatchewan (FCSCS)
3847C Albert St., Regina, SK S4S 3R4 Phone: (306) 584-1575 or toll free 1-800-892-0116,
Fax: (306) 584-1576 Email: administration@funeralinfo.ca Website: www.fcscs.ca

I, _____ hereby register the following as a student crematorium technician.
(Name of the crematorium owner)

Student's full name: _____

Employer name: _____

Employer Address: _____, _____, _____, _____
(Address) (City) (Province) (Postal Code)

Phone # (____) _____, Fax # (____) _____, Email: _____

Address and name of Crematorium where student will undertake the practical training:

Name of certified technician supervising the student:

The student shall attend and successfully complete a course of instruction on crematorium procedures, safety and operations and forward proof of attendance to FCSCS administration. (Course of instruction is offered through the Crematoria Council).

Owner's Signature

Date

Payment by: Cheque Visa MasterCard _____ expiry date _____



APPLICATION FOR LICENSE REINSTATEMENT

Funeral and Cremation Services Council of Saskatchewan (FCSCS)
3847C Albert St., Regina, SK S4S 3R4 Phone: (306) 584-1575 or toll free 1-800-892-0116,
Fax: (306) 584-1576 Email: administration@funeralinfo.ca Website: www.fcscs.ca

I certify the following information is true and accurate and give permission to the council to verify any statements and information given on this application.

Full Name: _____

Home Address: _____

_____, _____, _____
(City) (Province) (Postal Code)

Home # (____) _____ Business # (____) _____ Fax # (____) _____ Cell # (____) _____

Personal Email: _____

Currently employed at _____; Address _____

Intended Saskatchewan Employer (if applicable) _____

License Category: Funeral Director Embalmer Salesperson

The original copy of a current criminal record check is enclosed.

Enclosed is the license reinstatement administration fee as per bylaw 9000

Payment by: Cheque Visa MasterCard _____ expiry date _____

(Applicant's Signature)

(Date)



LICENSE APPLICATION FOR AN INDIVIDUAL CURRENTLY LICENSED IN ANOTHER JURISDICTION

Funeral and Cremation Services Council of Saskatchewan (FCSCS)
3847C Albert St., Regina, SK S4S 3R4 Phone: (306) 584-1575 or toll free 1-800-892-0116,
Fax: (306) 584-1576 Email: administration@funeralinfo.ca Website: www.fcscs.ca

Full Name: _____

Home Address: _____

_____, _____, _____
(City) (Province) (Postal Code)

Home # (____) _____ Business # (____) _____ Fax # (____) _____ Cell # (____) _____

Personal Email: _____

Currently Employed at _____; Address _____

Intended Saskatchewan Employer (if applicable) _____

Jurisdiction(s) in which you are currently licensed: _____

Please attach the following:

Copy or copies of current licence(s)

I enclose a current police record check.

Have you ever been refused a license as a Funeral Director, Embalmer or Salesperson or had a license revoked or suspended in any jurisdiction? No Yes If so, provide details: _____

DECLARATION:

I hereby authorize the licensing authority in my current jurisdiction to release to the FCSCS any information concerning this application.

I hereby confirm that the information supplied is complete and true to the best of my knowledge and belief.

Signature of Applicant

Date

Payment by: Cheque Visa MasterCard _____ expiry date _____



STUDENT SALESPERSON'S REGISTRATION APPLICATION

Funeral and Cremation Services Council of Saskatchewan (FCSCS)
3847C Albert St., Regina, SK S4S 3R4 Phone: (306) 584-1575 or toll free 1-800-892-0116,
Fax: (306) 584-1576 Email: administration@funeralinfo.ca Website: www.fcscs.ca

I certify the following information is true and accurate and give permission for the council to verify any statements and information given on this application.

Full Name: _____

Home Address: _____

_____, _____, _____
(City) (Province) (Postal Code)

Home # (_____) _____ Business # (_____) _____

Fax # (_____) _____ Cell # (_____) _____

Personal Email: _____

Work Email: _____

Employed at _____; Address _____
(Funeral Home licensed in Saskatchewan)

- Attached is a transcript of marks for the highest level of education I have achieved;
- The original copy of a current criminal record check is enclosed;
- I will be supervised during my training period by:

(Licensed Salesperson Signature)

(Licensed Salesperson Printed Name)

Payment by: Cheque Visa MasterCard _____ expiry date _____

(Applicant's Signature)

(Date)



LICENSE APPLICATION FOR AN OWNER'S LICENSE FOR A FUNERAL HOME

Funeral and Cremation Services Council of Saskatchewan (FCSCS)
3847C Albert St., Regina, SK S4S 3R4 Phone: (306) 584-1575 or toll free 1-800-892-0116,
Fax: (306) 584-1576 Email: administration@funeralinfo.ca Website: www.fcscs.ca

I, _____; being a:
(Name Registered with Provincial Corporations Branch)

Check applicable box () corporation partnership sole proprietorship pursuant to the laws of the Province of Saskatchewan and carrying on business under the business name of

_____ at _____
(Print Name) (Street Address)

_____, _____ in _____ in the Province of Saskatchewan.
(Mailing Address) (Postal Code) (City)

Phone # (____) _____, Cell # (____) _____, Fax # (____) _____

Email: _____

make this application to the council to be licensed as a funeral home owner pursuant to *The Funeral and Cremation Services Act*, subsections 2(v) and 72(b).

In support of this application I provide the following information and authorize the council to investigate any information contained herein or attached hereto.

1. Name of the Officer or Director of the corporation who will responsible for directly communicating with the council _____.
(Name)

2. Name of the individual responsible for the management of the funeral home _____.
(Name)

3. The facility's business office is located at _____ in _____

and has: (Check applicable boxes):

preparation room or body holding area _____

Record storage area on site off site at _____

Prepaid, personalized merchandise storage - on site off site at _____

4. I certify we have met any and all legal requirements, including Occupational Health and Safety and Workplace Health Workplace Hazardous Materials Information System (WHMIS), to operate our funeral home.

5. I attach a Certificate of Insurance indicating liability coverage for errors and omissions pursuant to Bylaw 3040 along with the registration fee and annual license fee.

Payment by: Cheque Visa MasterCard _____ expiry date _____

Print Name and Title

Date



LICENSE APPLICATION FOR AN OWNER'S LICENSE FOR A CREMATORIUM

Funeral and Cremation Services Council of Saskatchewan (FCSCS)
3847C Albert St., Regina, SK S4S 3R4 Phone: (306) 584-1575 or toll free 1-800-892-0116,
Fax: (306) 584-1576 Email: administration@funeralinfo.ca Website: www.fcscs.ca

I, _____; being a:
(Name Registered with Provincial Corporations Branch)

Check applicable box () corporation partnership sole proprietorship pursuant to the laws of the Province of Saskatchewan and carrying on business under the firm name of

_____ at _____
(Print Name) (Street Address)

_____, _____ in _____ in the Province of Saskatchewan.
(Mailing Address) (Postal Code) (City)

Phone # (____) _____, Cell # (____) _____, Fax # (____) _____,

Email: _____

make this application to the council to be licensed as a Crematorium Owner, pursuant to *The Funeral and Cremation Services Act*, subsection 2(v).

In support of this application I provide the following information:

- Name of the Officer or Director responsible for directly communicating with the council _____
(Name)
- Name of the individual responsible for the management of the crematorium _____
(Name)
- The facility's business office is located at _____, in _____
- Record storage area on site off site at _____
Prepaid, personalized merchandise storage on site off site at _____
- I certify we have met any and all legal requirements, including Occupational Health and Safety and Workplace Health Workplace Hazardous Materials Information System (WHMIS), to operate our crematorium.
- Certificate of Insurance indicating liability coverage for errors and omissions pursuant to Bylaw 3040 is attached along with the registration fee and annual license fee.

Payment by: Cheque Visa MasterCard _____ expiry date _____

Authorized Signature Date



LICENSE APPLICATION FOR AN OWNER'S LICENSE FOR A TRANSFER SERVICE

Funeral and Cremation Services Council of Saskatchewan (FCSCS)
3847C Albert St., Regina, SK S4S 3R4 Phone: (306) 584-1575 or toll free 1-800-892-0116,
Fax: (306) 584-1576 Email: administration@funeralinfo.ca Website: www.fcscs.ca

I, _____; being a:
(Name Registered with Provincial Corporations Branch)

Check applicable box () corporation partnership sole proprietorship pursuant to the laws of the Province of Saskatchewan and carrying on business under the firm name of

_____ at _____
(Print Name) (Street Address)

_____, _____ in _____ in the Province of Saskatchewan.
(Mailing Address) (Postal Code) (City)

Phone # (____) _____, Cell # (____) _____, Fax # (____) _____

Email: _____

make this application to the council to be licensed as a transfer service owner pursuant to *The Funeral and Cremation Services Act*, subsections 2(v) and 72(b).

In support of this application I provide the following information:

1. Name of the Officer or Director responsible for directly communicating with the council _____
(Name)
2. Name of the individual responsible for the management of the transfer service _____
(Name)
3. The facility's business office is located at _____, in _____
4. Record storage area - on site off site at _____
5. Certificate of Insurance indicating liability coverage for errors and omissions pursuant to Bylaw 3040 is attached along with the registration fee and annual license fee.

Payment by: Cheque Visa MasterCard _____ expiry date _____

Authorized Signature

Date

AUTHORIZATION TO CREMATE and ORDER FOR DISPOSITION

Name of Crematorium _____

Address _____

Within this document, the ACT means *The Funeral and Cremation Services Act*.

1 DECEASED

Full Name of Deceased: _____ Sex: _____ Age: _____

Address of Deceased: _____

Date of Birth: _____ Date of Death: _____

Name of authorized decision-maker: _____ Relationship: _____

Address: _____ Postal Code _____ Phone: _____

2 HAZARDOUS MATERIALS

Mechanical, radioactive devices, implants or treatments may create a hazardous condition. All pacemakers and other potentially hazardous implanted products must be removed and potentially hazardous treatments disclosed prior to delivery of the deceased to the crematorium.

To the best of your knowledge, did the deceased undergo any of the above? YES NO

If yes, list devices, and/or describe radioactive treatments, including date of last treatment and administering hospital or institution.

I understand any hazardous products will be removed prior to cremation.

3 VISUAL IDENTIFICATION Section 93 of the ACT

The crematorium owner must ensure the deceased received has been visually identified by: (1) the authorized decision-maker, or (2) a person designated by the authorized decision-maker who is capable of making such identification, or (3) a coroner.

(1) **Declaration:**

I have personally viewed and identified the deceased.

Signature of authorized decision-maker OR designate _____

(2) Name of designate (if required) _____ Relationship to deceased _____

Signature of authorized decision-maker _____

Witnessed:

I certify that the above identification was done in my presence at _____.

Name of funeral home/witness _____ located in _____

Name of witness _____ Signature _____

(3) **Identified by a coroner as per Registration of Death.** Name of Coroner _____

4 ATTENDANCE AT CREMATORIUM

Yes No Will the family accompany the deceased to the crematorium? Date: _____ Time: _____

Yes No Does the family wish to access the crematorium facility or chapel for committal rites or services?

Yes No Does the family wish to witness placement of casket into the cremation chamber?

Yes No Does a family member or clergy person wish to initiate the cremation process?

If YES to any of the above, I am aware that the crematorium must be contacted to make the necessary arrangements.

5(a)**DISPOSITION INSTRUCTIONS**

I/We authorize the crematorium to return the cremated remains of the deceased to the custody of the named funeral home, person or entity. We understand that the services and obligations of the crematorium shall be fulfilled when the cremated remains are returned or delivered.

Name of funeral home, person or entity: _____

Date Required _____ Time Required _____

Address (if shipping) _____ Postal Code _____

Delivery Method: Hand Delivery Bus Postal Service Other _____

5(b)

I/We further authorize the funeral home, person or entity to arrange for the disposition or storage of the cremated remains as stated below:

Deliver to Name _____ Relationship to deceased _____

Release to: Address _____ Postal Code _____

Phone _____ Email: _____

By: Pick-Up Hand Delivery Bus Postal Service

Other _____

Without further written instruction, the cremated remains will only be released to the person identified in 5(b).

5(c)

Deliver for Committal _____ cemetery / columbarium.

5(d)**STORAGE**

If the cremated remains are not to be delivered or picked up within thirty (30) days the anticipated date of release for pick-up or delivery is _____, 2____. I am aware there may be separate charges for storage and that after a period of one year, if we have made no other arrangements to extend the storage agreement, the cremated remains may be permanently disposed of.

6**AUTHORIZATION AND INDEMNITY**

THIS DOCUMENT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. BY SIGNING THIS DOCUMENT, YOU ARE VERIFYING YOU HAVE CAREFULLY READ THE ENTIRE DOCUMENT.

I certify I am the authorized decision-maker, as established by Section 91 of the ACT, that I have charge of the above named deceased, and as such possess full legal authority and power to execute this authorization form and to arrange for the cremation and disposition of the cremated remains. I have read, understand and agree with the terms and conditions of this form.

Signature of authorized decision-maker _____ Date _____

Additional Authorization _____ Signature _____
(Please Print)

Witness Name _____ Signature _____
(Please Print)

May require a Notary Seal

7

YES NO To your knowledge did the deceased have an infectious or contagious disease?

YES NO Have the human remains of the deceased been embalmed?

YES NO Has the container/casket been inspected and all potentially hazardous materials been removed from within?

YES NO Is an urn being provided? By whom _____ Type _____

The cremation casket is constructed from Hardwood Plywood Particle Board
 Cardboard Other _____

Approximate weight of the deceased _____

The casket/container contains the human remains of the above-named deceased. I, or a funeral home representative have witnessed the containerization of the identified human remains and the casket/container has been under my/our continuous care from that time until delivery to the crematorium.

I have reviewed this form with the authorized decision-maker, and know of no other person who has any knowledge or information which would lead me to believe any of the answers provided by the authorized decision-maker are incorrect.

Name of funeral home _____ Date _____

Authorized Representative _____ Signature _____

8

FOR CREMATORIUM USE

Time / Date received: _____ Registration / ID # _____

Time/date Started _____ Time/date completed: _____

Other: _____

Name of Crematorium Technician: _____

TERMS AND CONDITIONS

THE CREMATION PROCESS

Cremation is performed to prepare the deceased for memorialization and is carried out by placing the deceased in a casket or container and then placing the casket or container into a cremation chamber, 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. 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 and metal.

Due to the nature of the cremation process any personal possessions or valuable materials that are left with the deceased and not removed from the casket or container prior to cremation will be destroyed and become unrecoverable. The crematorium is authorized to dispose of such materials at its sole discretion. The removal of any such possessions must be done prior to the delivery of the deceased to the crematorium.

Following a cooling period, the cremated remains, which will normally weigh several pounds, are then swept from the cremation chamber. The crematorium makes a responsible effort to remove all of the cremated remains, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every reasonable effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the authorized decision-maker understands and accepts this fact.

After the cremated remains are removed from the cremation chamber all non-combustible materials (insofar as possible) will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematorium is authorized to dispose of these materials.

When the cremated remains are removed from the cremation chamber, unless otherwise specified they will be mechanically processed (pulverized) which includes crushing and grinding into granulated particles of unidentifiable dimensions, prior to placement into the designated container.

CASKETS AND CONTAINERS

All caskets and alternative containers must meet the following standards:

1. Be composed of materials suitable for cremation.
2. Be sufficient for handling with ease.
3. Be resistant to leakage.
4. Be closed completely to cover the human remains.
5. Provide protection for the health and safety of personnel.

The crematorium is authorized to order the opening of any casket or container for inspection. Many caskets contain exterior parts that are not combustible and that may cause damage to tile cremation equipment. The crematorium at its sole discretion reserves the right to require the removal of these non-combustible materials. This service as well as the disposition of these materials may be subject to a surcharge.

URNS AND TEMPORARY CONTAINERS

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

FINAL DISPOSITION

Cremation is NOT the final disposition nor is placing the cremated remains in storage final disposition. The cremation process simply reduces the deceased body to cremated remains. These cremated remains are usually several pounds and usually in excess of 150 cubic inches. Some provision must be made for the final disposition of these cremated remains. If the cremated remains are placed in temporary storage, the crematorium or funeral home may charge a holding fee and if unclaimed after a period of one year may permanently dispose of the cremated remains in accordance with provincial legislation. If scattering is the ultimate choice, the cremated remains will not be recoverable, and if done in a common area the cremated remains may be commingled with parities of other cremated remains. Public and private property laws govern the scattering of cremated remains and permission must always be sought and received prior to a scattering on land other than one's own.

CREMATION SCHEDULING

The crematorium is authorized to perform the cremation upon receipt of human remains and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. The crematorium will only place the human remains of one individual in the cremation chamber at a time, unless otherwise authorized pursuant to regulation 29.

AUTHORIZED DECISION-MAKER

Section 91 of *The Funeral and Cremation Service Act* specifically spells out the ranking order of individuals legally deemed to be the authorized decision-maker(s). The funeral director or crematorium may require signatory parties to prove their position in relation to this section of the Act.

AUTHORIZATION TO CREMATE BY ALKALINE HYDROLYSIS and ORDER FOR DISPOSITION

Name of Crematorium _____

Address _____

Within this document, the ACT means *The Funeral and Cremation Services Act*.

1

DECEASED

Full Name of Deceased: _____ Sex: _____ Age: _____

Address of Deceased: _____

Date of Birth: _____ Date of Death: _____

Name of authorized decision-maker: _____ Relationship: _____

Address: _____ Postal Code _____ Phone: _____

2

HAZARDOUS MATERIALS

Mechanical, radioactive devices, implants or treatments may create a hazardous condition. Any potentially hazardous implanted products must be removed and potentially hazardous treatments disclosed prior to delivery of the deceased to the crematorium.

To the best of your knowledge, did the deceased undergo any of the above? YES NO

If yes, list devices, and/or describe radioactive treatments, including date of last treatment and administering hospital or institution.

I understand any hazardous products will be removed prior to cremation.

3

VISUAL IDENTIFICATION Section 93 of the ACT

The crematorium owner must ensure the deceased received has been visually identified by: (1) the authorized decision-maker, or (2) a person designated by the authorized decision-maker who is capable of making such identification, or (3) a coroner.

(1) **Declaration:**

I have personally viewed and identified the deceased.

Signature of authorized decision-maker OR designate _____

(2) Name of designate (if required) _____ Relationship to deceased _____

Signature of authorized decision-maker _____

Witnessed:

I certify that the above identification was done in my presence at _____.

Name of funeral home/witness _____ located in _____

Name of witness _____ Signature _____

(3) **Identified by a coroner as per Registration of Death.** Name of Coroner _____

4

ATTENDANCE AT CREMATORIUM

Yes No Will the family accompany the deceased to the crematorium? Date: _____ Time: _____

Yes No Does the family wish to access the crematorium facility or chapel for committal rites or services?

Yes No Does the family wish to witness placement of container into the hydrolysis vessel?

Yes No Does a family member or clergy person wish to initiate the cremation process?

If YES to any of the above, I am aware that the crematorium must be contacted to make the necessary arrangements.

5(a)**DISPOSITION INSTRUCTIONS**

I/We authorize the crematorium to return the cremated remains of the deceased to the custody of the named funeral home, person or entity. We understand that the services and obligations of the crematorium shall be fulfilled when the cremated remains are returned or delivered.

Name of funeral home, person or entity: _____

_____ Date Required _____ Time Required _____

Address (if shipping) _____ Postal Code _____

Delivery Method: Hand Delivery Bus Postal Service Other _____

5(b)

I/We further authorize the funeral home, person or entity to arrange for the disposition or storage of the cremated remains as stated below:

Deliver to Name _____ Relationship to deceased _____

Release to: Address _____ Postal Code _____

Phone _____ Email: _____

By: Pick-Up Hand Delivery Bus Postal Service

Other _____

Without further written instruction, the cremated remains will only be released to the person identified in 5(b).

5(c)

Deliver for Committal _____ cemetery / columbarium.

5(d)**STORAGE**

If the cremated remains are not to be delivered or picked up within thirty (30) days the anticipated date of release for pick-up or delivery is _____, 2____. I am aware there may be separate charges for storage and that after a period of one year, if we have made no other arrangements to extend the storage agreement, the cremated remains may be permanently disposed of.

6**AUTHORIZATION AND INDEMNITY**

THIS DOCUMENT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. BY SIGNING THIS DOCUMENT, YOU ARE VERIFYING YOU HAVE CAREFULLY READ THE ENTIRE DOCUMENT.

I certify I am the authorized decision-maker, as established by Section 91 of the ACT, that I have charge of the above named deceased, and as such possess full legal authority and power to execute this authorization form and to arrange for the cremation and disposition of the cremated remains. I have read, understand and agree with the terms and conditions of this form.

Signature of authorized decision-maker _____ Date _____

Additional Authorization _____ Signature _____
(Please Print)

Witness Name _____ Signature _____
(Please Print)

May require a Notary Seal

7

YES NO To your knowledge did the deceased have an infectious or contagious disease?

YES NO Have the human remains of the deceased been embalmed?

YES NO Has the container been inspected and all potentially hazardous materials been removed from within?

YES NO Is an urn being provided? By whom _____ Type _____

Approximate weight of the deceased _____

The container contains the human remains of the above-named deceased. I, or a funeral home representative have witnessed the containerization of the identified human remains and the container has been under my/our continuous care from that time until delivery to the crematorium.

I have reviewed this form with the authorized decision-maker, and know of no other person who has any knowledge or information which would lead me to believe any of the answers provided by the authorized decision-maker are incorrect.

Name of funeral home _____ Date _____

Authorized Representative _____ Signature _____

8

FOR CREMATORIUM USE

Time / Date received: _____ Registration / ID # _____

Time/date Started _____ Time/date completed: _____

Other: _____

Name of Crematorium Technician: _____

TERMS AND CONDITIONS

THE CREMATION PROCESS USING ALKALINE HYDROLYSIS

Cremation using alkaline hydrolysis is performed to prepare the deceased for memorialization and is carried out by placing the deceased in a container and then placing the container into a hydrolysis vessel into which water and potassium hydroxide are added. Heat and pressure are introduced to break down the human remains until bones that may be pulverized remain. During the alkaline hydrolysis process, all substances are consumed, except bone fragments and metal.

Following a cooling period, the cremated remains, which will normally weigh several pounds, are removed from the hydrolysis vessel and dried. After the cremated remains are removed from the cremation chamber all non-hydrolyzed materials (insofar as possible) will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematorium is authorized to dispose of these materials.

When the cremated remains are removed from the hydrolysis vessel, unless otherwise specified they will be mechanically processed (pulverized) which includes crushing and grinding into granulated particles of unidentifiable dimensions, prior to placement into the designated container.

The crematorium is authorized to order the opening of any container for inspection.

URNS AND TEMPORARY CONTAINERS

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

FINAL DISPOSITION

Cremation is NOT the final disposition nor is placing the cremated remains in storage final disposition. The cremation process simply reduces the deceased body to cremated remains. These cremated remains are usually several pounds and usually in excess of 150 cubic inches. Some provision must be made for the final disposition of these cremated remains. If the cremated remains are placed in temporary storage, the crematorium or funeral home may charge a holding fee and if unclaimed after a period of one year may permanently dispose of the cremated remains in accordance with provincial legislation. If scattering is the ultimate choice, the cremated remains will not be recoverable, and if done in a common area the cremated remains may be commingled with parities of other cremated remains. Public and private property laws govern the scattering of cremated remains and permission must always be sought and received prior to a scattering on land other than one's own.

CREMATION SCHEDULING

The crematorium is authorized to perform the cremation upon receipt of human remains and according to its own time schedule, as work permits, without obtaining any further authorization or instructions. The crematorium will only place the human remains of one individual in the cremation chamber at a time, unless otherwise authorized pursuant to regulation 29.

AUTHORIZED DECISION-MAKER

Section 91 of *The Funeral and Cremation Service Act* specifically spells out the ranking order of individuals legally deemed to be the authorized decision-maker(s). The funeral director or crematorium may require signatory parties to prove their position in relation to this section of the Act.

CREMATION CERTIFICATE

Crematorium Name: _____

Located at: _____

Business # (____) _____ Fax # (____) _____ E-mail _____

Name of Deceased: _____ Date of Birth: _____

Date of Death: _____ Place of Death: _____ Date of Cremation: _____

Name / Funeral Home: _____

Address: _____, _____, _____, _____
(Street Address) (City) (Province) (Postal Code)

Cremation Registration No: _____

I certify the human remains of the deceased have been cremated. The above information is consistent with the information on the Authorization to Cremate and Order for Disposition Form held in our custody.

Authorized Signature (Crematorium Technician)

Dated in _____, Saskatchewan, this _____ day of _____, 2____.



SEPARATION OF CREMATED REMAINS AUTHORIZATION, CONSENT AND INSTRUCTIONS

Crematorium or Funeral Home: _____

I/we being the Authorized Decision-maker(s), as established by Section 91 of *The Funeral and Cremation Services Act*, hereby authorize, consent to, and order the separation of the cremated remains of the individual identified herein, in such manner as prescribed below. I/we have been advised to consult all near relatives (spouses by law or common law, sons, daughters, parents), and have attempted to resolve any expressed objections. I/we further agree to hold harmless, indemnify and defend the herein named crematorium and/or funeral home as well as their representatives, from and against all claims, liabilities or damages whatsoever which may result from this authorization.

DECEASED: _____

Date of Death: _____ Cremation Date: _____

Crematorium: _____

Cremation Registration No.: _____

Funeral Home: _____

INSTRUCTIONS:

The above cremated remains shall be separated and containerized as described below:

Portion	Approximate Percentage	Container description
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

The containers of separated cremated remains shall be released to the following:

Portion	Name	Relationship
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

AUTHORIZED DECISION MAKER:

Name _____ Address _____

Signature _____ Date: _____

COMMINGLING OF CREMATED REMAINS AUTHORIZATION, CONSENT AND INSTRUCTIONS

Crematorium or Funeral Home: _____

I/we, being the respective Authorized Decision-maker(s), as established by Section 91 of *The Funeral and Cremation Services Act*, hereby authorize, consent to, and order the commingling of the cremated remains of the individuals identified herein, in such manner as prescribed below. I/we have been advised to consult all near relatives (spouses by law or common law, sons, daughters, parents), and have attempted to resolve any expressed objections. I/we further agree to hold harmless, indemnify and defend the herein named crematorium and/or funeral home as well as their representatives, from and against all claims, liabilities or damages whatsoever which may result from this authorization.

A) DECEASED:

(Name)

(Date of Death) _____
(Cremation Date)

(Crematorium)

(Cremation Registration No.)

(Funeral Home)

B) DECEASED:

(Name)

(Date of Death) _____
(Cremation Date)

(Crematorium)

(Cremation Registration No.)

(Funeral Home)

INSTRUCTIONS:

The above cremated remains shall be commingled and containerized as described below:

Portion	Approximate Percentage	Container description
1	_____	_____
2	_____	_____

The containers of commingled cremated remains shall be released to the following persons:

Portion	Name	Relationship
1	_____	_____
2	_____	_____

(use reverse to list more persons or additional forms if necessary)

Other or alternate commingling and/or containerization instructions: _____

AUTHORIZED DECISION MAKER(S):

A) Deceased _____

Name _____ Address _____

Signature _____ Date: _____

B) Deceased _____

Name _____ Address _____

Signature _____ Date: _____

If cremated remains from more than 2 decedents are to be commingled, add details of deceased and authorized decision maker's name, address and signature on reverse.

AUTHORIZATION TO EMBALM

In accordance with Bylaw 3110 of the Funeral and Cremation Services Council of Saskatchewan,

I, _____, holding funeral director's license # _____ in the Province of
(Print full name using BLOCK letters)

Saskatchewan of _____, in the city/town of _____
(Funeral Home)

authorize Embalmer _____, to embalm the following deceased person
(Print name using BLOCK letters)

whom I have authorization to have embalmed by Authorized Decision Maker _____:
(Print name using BLOCK letters)

_____ of _____
(full given name of deceased) *(City/town and Province)*

Sex: Male Female Date of Birth: _____ or Age: _____ Date of Death: _____

Date

Signature of Authorizing Funeral Director

I, _____, holding license # _____ certify that I embalmed the above
(Print full name using BLOCK letters)

named deceased person between the hours of _____ am pm AND _____ am pm

for the funeral director whose name and signature appear above at the facilities of:

_____, in _____
(funeral home) *(city/town)*

Date: _____

Signature of Embalmer

FORM TO BE COMPLETED IN DUPLICATE:

- Top Copy to Authorizing Funeral Director who is required to fax a copy of this form to the Funeral and Cremation Services Council office at (306) 584-1576 within **24 hours** of the embalming.
- Bottom Copy to Embalmer
- both forms must be kept on file by both parties and be available for the council's inspection



REGULATORY FEE REMITTANCE FORM

Funeral and Cremation Services Council of Saskatchewan (FCSCS)
3847C Albert St., Regina, SK S4S 3R4 Phone: (306) 584-1575 or toll free 1-800-892-0116,
Fax: (306) 584-1576 Email: administration@funeralinfo.ca Website: www.fcscs.ca

REPORTING PERIOD

From _____, 2____ to _____, 2____ = Number of Months _____

We, _____ of the city/town of _____
(Name of Funeral Home, Crematorium)

report we registered the following deaths with the Department of Vital Statistics and remit the required Regulatory Fee as required per Bylaw 9000.

REGISTERED DEATHS

NUMBER OF DEATHS REGISTERED: _____ NUMBER OF REGISTERED DEATHS GST EXEMPT: _____

NOTE: In any instance where GST was not collected, please provide proof/reason (eg. treaty # or gov't dept, etc) for non-collection below. If additional space is required, please attach on a separate page. Such proof may be required by GST auditors.

GST EXEMPT DEATHS

NAME	REASON

REMITTANCE

REGULATORY FEE REMITTED (#deaths x \$50.00): \$ _____
GST: \$ _____
TOTAL REMITTANCE ATTACHED: \$ _____

I certify the above to be a true and accurate report. _____
(Date)

(Signature) _____
(Print Name & Title)

Payment by: Cheque Visa MasterCard _____ expiry date _____

Original to accompany the payment with a copy retained by the Owner