

C. I/ We hereby request and authorize _____
(hereinafter referred to as "Funeral Home") whose address is: _____

to take possession of and make arrangements for the cremation, processing or pulverizing, and disposition of the remains of Decedent at _____
(hereinafter referred to as "Crematory") whose address is: _____

in accordance with and subject to (a) the terms and conditions set forth in this Authorization as outlined by the Crematory; (b) the rules and regulations of said Funeral Home; and (c) any applicable state or local laws, rules, and regulations.

Initial(s)

I/we, the Authorizing Agent(s), do hereby certify, warrant, and represent that I/we understand:

D. Unless otherwise specifically permitted by law, **all** cremations are performed individually. The cremation process begins with the placement of the cremation container into the cremation chamber where it is subject to intense heat and flame reaching temperatures of 1400 to 1800 degrees Fahrenheit. Due to the nature of the cremation process, any valuable material will not be recoverable. In the event that there are such valuable items I/we wish to retain, it is my/our responsibility to remove them or have them removed from Decedent's remains **prior** to the cremation process. Body prostheses, dental bridgework, or dental fillings within the remains will either be destroyed or will not be recoverable. Accordingly, the Authorizing Agent(s) represent and warrant to the Crematory that such materials have been removed from the remains or, if not, that they may be removed from the remains and disposed of by the Crematory or may be destroyed by the cremation process.

Initial(s)

E. Following a cooling period, the cremated remains are then swept or raked from the cremation chamber. Cremated remains, depending on the bone structure of the decedent, will weigh approximately 4 to 8 pounds, and are usually white in color, but can be other colors due to temperature variations and other factors. Even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of Decedent; some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process (pulverize) the cremated remains. I/we hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

Initial(s)

F. Cremated remains consist primarily of bone fragments, which are processed or pulverized to permit their placement in an urn or other suitable container. Unless a suitable container is purchased for the cremated remains of Decedent, the crematory will place such remains in a container which is designed for short-term use and **may not be recommended for any type of shipment**. In the event the capacity of the urn or other container is insufficient to accommodate all of the cremated remains of Decedent, an additional temporary (short-term) container will be used and returned to the person(s) designated in Paragraph J on this Authorization.

Initial(s)

G. Unless otherwise specifically approved for cremation by the manufacturer or proper regulating agency, pacemakers or other mechanical devices may create a hazardous condition when placed in a cremation chamber. The Crematory will not, therefore, cremate any human remains which contain any type of hazardous implanted mechanical device. In the event the remains of Decedent do contain such a device, the Authorizing Agent(s) hereby authorize and instruct the funeral home, its agents and employees to contact the appropriate persons and secure the removal of any and all hazardous mechanical devices from Decedent prior to the cremation process.

TO THE BEST OF THE KNOWLEDGE OF THE AUTHORIZING AGENT(S), THE REMAINS OF DECEDENT DO (___) DO NOT (___) CONTAIN A PACEMAKER THAT IS NOT APPROVED FOR CREMATION BY THE PACEMAKER'S MANUFACTURER OR PROPER REGULATING AGENCY OR ANY OTHER MATERIAL OR IMPLANT THAT MAY BE POTENTIALLY HAZARADOUS TO THE PERSON PERFORMING THE CREMATION.

THE AUTHORIZING AGENT(S) CERTIFY THAT TO THE BEST OF HIS/HER/THEIR KNOWLEDGE, THE REMAINS OF DECEDENT DO (___) DO NOT (___) CONTAIN ANY TYPE OF HAZARDOUS IMPLANTED MECHANICAL DEVICE.

Initial(s)

H. The Crematory 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 Crematory reserves the right to make disposition of such noncombustible container(s) at its sole discretion. The Crematory is authorized to remove and discard handles or any other items attached to the cremation container which may cause damage to the cremation chamber.

Initial(s)

I. If no final disposition is given, the cremated remains of Decedent will be held by the Crematory Licensee/Funeral Home for 30 days before they are disposed of, unless the cremated remains of Decedent are received from the Crematory Licensee/Funeral Home prior to that time, in person, by the Authorizing Agent(s) or his/her/their designee.

Initial(s)

J. I/We authorize the Crematory to return the cremated remains of Decedent to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of Decedent are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of Decedent as follows (complete appropriate disposition):

1. _____ Deliver the cremated remains of Decedent to _____ cemetery, with which arrangements have already been made for the cremated remains of Decedent to be _____.

(Board Form 56C or 56D must be completed.)

2. _____ Delivery by funeral home of the cremated remains of Decedent to the US Postal Service for shipment via Registered, Return Receipt mail to _____ whose address is _____.

(Postal receipt must be attached to completed Board Form 56C or 56D.)

3. _____ Delivery by funeral home of the cremated remains of Decedent to the US Postal Service for shipment via Registered, Return Receipt mail to _____ whose address is _____.
(Postal receipt must be attached to completed Board Form 56C or 56D.)

4. _____ Delivery by funeral home of the cremated remains of Decedent to the US Postal Service for shipment via Registered, Return Receipt mail to _____ whose address is _____.
(Postal receipt must be attached to completed Board Form 56C or 56D.)

5. _____ Release the cremated remains of Decedent to the following designated person(s):

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Special instructions to be followed: _____

(Board Form 56C or 56D must be completed.)

6. _____ Other (Describe): _____

Initial(s)

K. The Authorizing Agent(s) understand(s) that after this cremation authorization form is executed, the authorizing agent(s) can only revoke the authorization and instruct the crematory licensee or funeral establishment to cancel the cremation and to release or deliver the human remains to another crematory licensee or funeral establishment by providing such instructions to the crematory licensee in writing prior to the commencement of the cremation. The crematory licensee shall honor these instructions provided that it receives such instructions prior to commencement of the cremation of the human remains.

Initial(s)

L. Pursuant to G.S. 90-210.125(c), a crematory licensee shall have the legal right to cremate human remains upon the receipt of a cremation authorization form signed by an authorizing agent. There shall be no liability for a crematory licensee that cremates human remains pursuant to such authorization, or that releases or disposes of the cremated remains pursuant to such authorization, except for such crematory licensee's gross negligence, provided that the crematory licensee performs such functions in compliance with the provisions of NC General Statutes Chapter 90, Article 13F. There shall be no liability for a funeral establishment or licensee thereof that causes a crematory licensee to cremate human remains pursuant to such authorization, except for gross negligence, provided that the funeral establishment and licensee thereof and crematory license perform their respective functions in compliance with the provisions of G.S. 90-210.125.

Initial(s)

By executing this Cremation Authorization Application Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements, except for Section G if that information is unknown to the Authorizing Agent(s), contained on this form are true and correct, that these statements were made to induce the Crematory to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on this form.

SIGNATURE OF AUTHORIZING AGENT(S) FOR CREMATION AND DISPOSITION

Authorizing Agent: _____ / _____
(Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Authorizing Agent: _____ / _____
(Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Authorizing Agent: _____ / _____
(Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Authorizing Agent: _____ / _____
(Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Signed before me in the county of _____, State of _____,
this _____ day of _____, 20__.

(Notary's official signature) (Title)

(Commission Expiration)

NOTARY PUBLIC
STATE OF _____

Notary Seal

REPRESENTATIONS OF FUNERAL DIRECTOR / FUNERAL SERVICE LICENSEE

By executing this authorization form as a funeral director or funeral service licensee and an agent / employee of the Funeral Home, I warrant to the best of my knowledge that (1) the Funeral Home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of Decedent and that I have reviewed this authorization form with the Authorizing Agent (s); (2) that no member of the Funeral Home has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect; (3) that the human remains delivered to the Crematory and represented as the human remains specified on this form are in fact the human remains that were identified to the Funeral Home as Decedent; and (4) that the Funeral Home obtained all necessary permits authorizing the cremation of Decedent, including a DHHS 1881 Authorization for Cremation if required. I understand that failure to complete this authorization in its entirety and other required documentation will result in the delay of the cremation of Decedent.

Funeral Director or Funeral Service Licensee: _____
(Printed Name) (License No.)

(Signature) (Date of Signature)

REPRESENTATIONS OF CREMATORY LICENSEE

(To be completed by Crematory when no funeral establishment involved)

By executing this authorization form as an agent / employee of the Crematory, I warrant to the best of my knowledge that (1) the Crematory was responsible for making arrangements with the Authorizing Agent(s) for the cremation of Decedent and that I have reviewed this authorization form with the Authorizing Agent (s); (2) that no member of the Crematory has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect; and (3) that the Crematory obtained all necessary permits authorizing the cremation of Decedent, including a DHHS 1881 Authorization for Cremation if required. I understand that failure to complete this authorization in its entirety and other required documentation will result in the delay of the cremation of Decedent.

Representative of Crematory Licensee: _____
(Printed Name)

(Signature) (Date of Signature)

FOR CREMATORY USE ONLY

Cremation approved by: _____ Date: _____

Special Instructions: _____
