

**APPLICATION FOR THE  
AUTHORIZATION OF THE CREMATION PROCESS  
AND  
INSTRUCTIONS FOR THE DISPOSITION OF**

1. Name of Individual to be Cremated \_\_\_\_\_  
(First) (Middle) (Last)
2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Place of Death Date of Death Time of Death Age Hospice (Y/N) Med Ex. Auth. (Y/N)
3. Name and Signature of Individual Confirming Identity of Decedent:

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

4. Name and Address of Crematory that will perform the cremation:

**Harnett Crematory, LLC, PO Box 266, Lillington, NC 27546**

5. By signing this form the Authorizing Agent(s) represent(s) the following
- a. The undersigned [hereinafter referred to as the "Authorizing Agent(s)"] hereby certify, warrant, and represent that I/We have the full legal right and authority to authorize the cremation, to include the processing or pulverizing of the cremated remains, and disposition of the remains of \_\_\_\_\_ (hereinafter referred to as the "Decedent") and the  
Name of Decedent  
Authorizing Agent(s) is (are) not aware of any living person who has a superior right to that of the Authorizing Agent(s) as set forth in G.S. 90-210.124; or if there is another living person who does have a superior right to that of the Authorizing Agent(s), the Authorizing Agent(s) represent that the Authorizing Agent(s) has (have) made all reasonable efforts to contact such person, has (have) been unable to do so, and has (have) no reason to believe that such person would object to the cremation of the decedent.
  - b. The Authorizing Agent(s) has (have) either disclosed the location of all living persons with equal right to that of the Authorizing Agent(s), as set forth in G.S. 90-210.124, or does (do) not know the location of any other living person with an equal right to that of the Authorizing Agent(s) and
  - c. To the best knowledge of the Authorizing Agent(s), the human remains  
(do) \_\_\_\_\_ (do not) \_\_\_\_\_ contain a pacemaker or any other material or implant that may be potentially hazardous to the person performing the cremation. In the event that the decedent does in fact contain such a device, authorization is hereby granted for its removal prior to cremation.
6. The authorizing Agent(s) hereby authorizes (authorize) **Harnett Crematory, LLC** to cremate the decedent and the receptacle containing the decedent, including the right to process or pulverize the cremated remains.
7. The authorizing Agent(s) authorizes (authorize) **Jernigan-Warren Funeral Home** to transport the human remains to **Harnett Crematory, LLC** for cremation and to receive the cremated remains from **Harnett Crematory, LLC** following the cremation.

8. The final disposition of the cremated remains is to be as follows:

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

9. If this cremation authorization form is being executed on a **PRENEED** basis, by placing his or her **initials** in the appropriate line, the Authorizing Agent indicates his or her election of said option:

- a. \_\_\_\_\_ I do not wish to allow any of my survivors the option of canceling my cremation and selecting alternative arrangements, regardless of whether my survivors deem such a change to be appropriate.
- b. \_\_\_\_\_ I wish to allow only the survivors whom I have designated below the option of canceling my cremation and selecting alternative arrangements or continuing to honor my wishes for cremation and purchasing services and merchandise if they deem such a change to be appropriate.

\_\_\_\_\_  
\_\_\_\_\_  
(Name{s} of Survivors)

- 10. The Authorizing Agent(s) may specify in writing religious practices that conflict with Article 13 of Chapter 90 of the North Carolina General Statutes. The crematory licensee and funeral director shall observe these religious practices except where they interfere with cremation in a licensed crematory as specified under G.S. 90-210.123 or the required documentation and record keeping.
- 11. 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.
- 12. The Crematory reserves the right to accept or reject a cremation container of noncombustible materials. Remains received in noncombustible containers will be removed prior to cremation and placed in a combustible container; and the Crematory reserves the right to make disposition of such noncombustible container at its sole discretion. The Crematory is authorized to remove and discard handles or any other items attached to the cremation container which are noncombustible or which may cause damage to the cremation chamber.



## FUNERAL DIRECTOR

The funeral director warrants that the human remains delivered to the Crematory Licensee are the human remains identified on this Cremation Authorization Form.

\_\_\_\_\_  
(Signature of the funeral director of the funeral establishment)

Name and Address of Funeral Director and Funeral Establishment that  
obtained cremation authorization:

\_\_\_\_\_  
(Funeral Director and License Number)

**Jernigan-Warren Funeral Home, 545 Ramsey Street, Fayetteville, NC 28301**

*(When a funeral director is **NOT** present please have signed in the presence of a Notary Public.)*

\_\_\_\_\_ County

State of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Notary's Printed Name

My Commission Expires: \_\_\_\_\_

SEAL

## NOTICE FOR PRENEED CREMATION ARRANGEMENTS

Per G.S. 90-210.126, "[a]ny person, on a preneed basis, may authorize the person's own cremation and the final disposition of the person's cremated remains by executing, as authorizing agent, a cremation authorization form on a preneed basis and having the form signed by two witnesses."

**Two (2) witnesses are required if this Cremation Authorization Form was executed on a preneed basis.**

**Witness 1:** \_\_\_\_\_ / \_\_\_\_\_  
(Printed Name) (Signature)

Date of Signature: \_\_\_\_\_ Time of Signature: \_\_\_\_\_

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

**Witness 2:** \_\_\_\_\_ / \_\_\_\_\_  
(Printed Name) (Signature)

Date of Signature: \_\_\_\_\_ Time of Signature: \_\_\_\_\_

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