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

1.	Name	of Individua	l to be Cremated				
				(First)		(Middle)	(Last)
2.			/	/	/	/	/
	Pl	ace of Death	Date of Death	Time of Death	Age	Hospice (Y/N)	Med Ex. Auth. (Y/N)
3.	Name	and Signatur	e of Individual Co	onfirming Identity	of Deceder	nt:	
(Pri	nt Name)			(Signature)			
4.	Name a	and Address	of Crematory tha	t will perform the	cremation:		
		Harne	ett Crematory.	LLC. PO Box	266. Lilli	ington, NC 275	346
		1141110	, crematory,	LLC, I O DOX	200, 21111		
5.	By sign	ning this for	n the Authorizing	Agent(s) represen	nt(s) the fol	lowing	
	b. с.	Authorizing the Authorizing the Authorizing that the Authorizing that the Authorizing that the Authorizing The Authorizing to the location To the best (do)	g Agent(s) is (are izing Agent(s) as a superior right to athorizing Agent(s) and unable to do so, on of the decedent rizing Agent(s) had to five the Authorizing and the Authorizing Agent (s) the knowledge of the (do not)	(hereing) (hereing) not aware of an set forth in G.S. 9 that of the Authors) has (have) made and has (have) month. (as (have) either disting Agent(s), as song person with an example Authorizing Agental contain a pacern	y living per 20-210.124; rizing Agent e all reason to reason to be sclosed the et forth in (equal right ant(s), the hander or any	rred to as the "Decerson who has a super or if there is another that (s), the Authorizing the efforts to compelieve that such policies and the efforts to compelieve that such policies of all living G.S. 90-210.124, on to that of the Authorizing other material or	ion of the remains of edent") and the perior right to that of her living person when Agent(s) representact such person, have erson would object to ag persons with equal of does (do) not know corizing Agent(s) and implant that may be that the decedent
		does in facremation.	ct contain such a	a device, authoriz	zation is he	ereby granted for	its removal prior t
de		_	_ , , ,			•	LLC to cremate the cremate

Harnett Crematory, LLC following the cremation.

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

8. The final disposition of the cremated remains is to be as follows:	, 40%
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.	re
 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.

13. 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 of such valuable items in which I/we wish to retain, it is my/our responsibility to remove them or have them removed **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.

As the Authorizing Agent(s), I/we hereby agree to indemnify, defend, and hold harmless **Harnett Crematory**, **LLC**, its officers, agents and employees and the **funeral home** named herein, of and from any and all claims, demands, cause or causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent or the human remains transported to the Crematory, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by the Crematory or the funeral home named herein, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

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

Signature		/	/	/ /		
C	Authorizing Agent	Print Name	Relationship to De	cedent Date	Time	
Address		/	/ /		/()	
	Street	City	State Z	IP	Telephone	
Signature		/	/	/	/	
C	Authorizing Agent	Print Name	Relationship to De	ecedent Date	Time	
Address		/	/ /		/()	
	Street	City	State Z	IP	Telephone	
Signature		/	/	/	/	
0	Authorizing Agent	Print Name	Relationship to De	cedent Date	Time	
Address		/	//		/()	
	Street	City	State Z	IP	Telephone	
Signature	e	/	/	/	/	
	Authorizing Agent	Print Name	Relationship to De	cedent Date	Time	
Address		/	//		/()	
	Street	City	State Z.	IP	Telephone	
Signature		/	/	/	/	
	Authorizing Agent	Print Name	Relationship to De	cedent Date	Time	
Address		/	//		/()	
	Street	City	State Z	IP	Telephone	

FUNERAL DIRECTOR

The funeral director warrar are the human rem	nts that the human remain that identified on this Cr		
(Signature of	the funeral director of th	e funeral establishme	ent)
Name and Address	ss of Funeral Director and obtained cremation auth		ent that
	(Funeral Director and License	Number)	
Jernigan-Warren Fur	neral Home, 545 Ramsey	Street, Fayetteville	e, NC 28301
(When a funeral director is NC	OT present please have si	gned in the presence	of a Notary Public.)
County			
State of			
Subscribed and sworn to before me thi	as day of	, 20	
Signature of Notary Public			
Notary's Printed Name			
My Commission Expires:			SEAL
Per G.S. 90-210.126, "[a]ny person, on a prene person's cremated remains by executing, as au		erson's own cremation an	nd the final disposition of the
signed by two witnesses." Two (2) witnesses are required if this Crem	ation Authorization Form w	as executed on a prenee	ed basis
Witness 1:	/	as checuted on a promot	
(Printed Name) Date of Signature:	Time of Signature:	(Signature)	
Address: (Street)	(City)	(State)	(Zip)
Witness 2:	//		
(Printed Name) Date of Signature:	Time of Signature:	(Signature)	
Address: (Street)	(City)	(State)	(Zip)