

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 Designated Survivor(s) of Paragraph 9b.

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 the commencement of the cremation of the human remains.

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements, except for Paragraph 5c. 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 _____ / _____ / _____ / _____ / _____
(Authorizing Agent) (Print Name) (Relationship to Decedent) (Date) (Time)

Address _____ / _____ / _____ / _____ / (_____) _____
(Street) (City) (State) (Zip) (Telephone)

Signature _____ / _____ / _____ / _____ / _____
(Authorizing Agent) (Print Name) (Relationship to Decedent) (Date) (Time)

Address _____ / _____ / _____ / _____ / (_____) _____
(Street) (City) (State) (Zip) (Telephone)

Signature _____ / _____ / _____ / _____ / _____
(Authorizing Agent) (Print Name) (Relationship to Decedent) (Date) (Time)

Address _____ / _____ / _____ / _____ / (_____) _____
(Street) (City) (State) (Zip) (Telephone)

Signature _____ / _____ / _____ / _____ / _____
(Authorizing Agent) (Print Name) (Relationship to Decedent) (Date) (Time)

Address _____ / _____ / _____ / _____ / (_____) _____
(Street) (City) (State) (Zip) (Telephone)

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 or crematory licensee) License No. _____

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

(Print Name of Funeral Director) License No. _____