

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

Rev 3/16

Please fill in where arrows → appear.

→ _____
Name of Individual to be Cremated

→ _____ / _____ / _____ / _____
Date of Birth Date of Death Time of Death Age

_____ / _____
Place of Death Hospice (Yes or No)

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. THE CREMATION PROCESS IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

AUTHORIZATION

The death of the decedent was (x) _____ was not (x) _____ due to an infectious or contagious disease.

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 remains, and disposition of the remains of → _____
(hereinafter referred to as the “decedent”).

Name of Decedent

The 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. 90-210.44 and I/we authorize and give permission to Cremation Society of the Carolinas and its staff to disclose any documents I/we provide as such proof of authority, to any person claiming to also have equal or superior authority for verification of authority; or if there is another living person who does have a superior right to that of the Authorizing Agent(s). The Authorizing Agents(s) represent that the Authorizing Agents(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.

Name(s) of person(s) attempted to be contacted

_____ → _____
Initial(s)

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 Agents(s).

→ _____
Initial(s)

C. I/We hereby request and authorize the Cremation Society of the Carolinas, 2205 East Millbrook Road, Raleigh, NC 27604 to take possession of and make arrangements for the cremation, processing or pulverizing, and disposition of the remains of the decedent. These functions will be performed at Triangle Cremation Services, owned by the Cremation Society of the Carolinas and located at 2205 East Millbrook Road, Raleigh, NC 27604 (hereinafter referred to as the “Crematory”) in accordance and subject to (a) the terms and conditions set forth in this Authorization as outlined by the Crematory, (b) the rules and regulations of the Cremation Society of the Carolinas, 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. **All** cremation is 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.

→ _____
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 the 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 the 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**. If the event the capacity of the urn or other container is insufficient to accommodate all of the cremated remains of the Decedent, an additional temporary (short-term) container will be used and returned to the person(s) designated in Paragraph J.

→ _____
Initial(s)

G. Implanted pacemakers or mechanical devices in the Decedent may create a hazardous condition when placed in a cremation chamber. The Cremation Society of the Carolinas will not, therefore, cremate any human remains which contain any type of implanted mechanical device. In the event the remains of the Decedent do contain such a device, the Authorizing Agents(s) hereby authorize and instruct the Cremation Society of the Carolinas, its agents and employees to contact the appropriate persons and secure the removal of any and all mechanical devices from the remains prior to the cremation process. **THAT TO THE BEST OF THE KNOWLEDGE THE AUTHORIZING AGENT(S), THE HUMAN REMAINS →DO (___) →DO NOT (___) CONTAIN A PACEMAKER OR ANY OTHER MATERIAL OR IMPLANT THAT MAY BE POTENTIALLY HAZARDADOUS TO THE PERSON PERFORMING THE CREMATION. THE AUTHORIZING AGENT(S), CERTIFY THAT TO THE BEST OF HIS/THEIR KNOWLEDGE THE REMAINS OF THE DECEDENT →DO (___) →DO NOT (___) CONTAIN ANY TYPE OF 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; 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 may cause damage to the cremation chamber.

→ _____
Initial(s)

I. If no final disposition is given, the cremated remains will be held by the Cremation Society of the Carolinas for 30 days before they are disposed of **and/or shipped to the authorized agent at the authorized agent's expense**, unless storage is arranged or the cremated remains are received in person, by the Authorizing Agent or his designee.

→ _____
Initial(s)

Choose one from Item J. →

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

1. _____ Release the cremated remains to the following designated person(s):

Name(s): _____ Relationships: _____

2. _____ Deliver the cremated remains to the **US Postal Service** for shipment via Registered, Return

Receipt mail to:

Name _____

Address _____

City/State/ZIP _____

3. _____ **Deliver** the cremated remains to _____ cemetery, with which arrangements already have been made for the cremated remains to be _____.

4. _____ **Deliver** the cremated remains to _____ (name of carrier) for shipment in my name as cosigner to _____ (name and address of consignee) for permanent disposition. (Attach copy of carrier receipt.)

5. _____ Other (Describe): _____

(If options 2 or 4 are selected, then I/we agree to assume all liability that may arise from such shipment and indemnify and hold the Cremation Society of the Carolinas and/or crematory harmless from and all claims that may arise from such shipment.)

*If Authorized agent(s) select scattering at land or water, by Cremation Society of the Carolinas, the authorizing agent agrees that the location will not to be disclosed to them.

Choose one from Item K if the person is still living →

K. 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:

_____ 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.

_____ 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)



Initial(s)

L. 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.



Initial(s)

M. 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 Cremation Society of the Carolinas or its crematory to cancel the cremation and to release the human remains to another crematory licensee or funeral establishment by providing such instructions to the crematory in writing prior to the commencement of the cremation. The Cremation Society of the Carolinas or its crematory shall honor these instructions provided that it receives such written instructions prior to commencement of the cremation of the human remains.



Initial(s)

N. As the Authorizing Agent(s), I/we hereby agree to indemnify, defend, and hold harmless the Cremation Society of the Carolinas, its officers, agents and employees, 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, 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 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 Cremation Society of the Carolinas, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.



Initial(s)

O. If no final family viewing/visitation time is selected, the cremation will be scheduled at the earliest time available.

_____ I wish to have a scheduled family viewing prior to cremation.

View Date: _____

Director: _____

_____ I DO NOT wish to have a scheduled family viewing prior to cremation and agree to the cremation being scheduled at the earliest time available.

(I agree to indemnify and hold Cremation Society of the Carolinas and its officers, directors, shareholders, affiliates, agents, employees, successors' and assigns harmless from all claims, liabilities, damages, losses, suits, or causes of action (including attorney's fees and expenses of litigation) brought by any person, firm or corporation or the personal representative therefore, relating to or arising out of such failure to identify/view).



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 in this form.

SIGNATURE OF AUTHORIZING AGENT(S) FOR CREMATION AND DISPOSITION

→ 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

_____ / _____
 Funeral Director Name (printed) Funeral Director Signature License Number

→ (Must be **signed before two witnesses** when a funeral director is not present.
OR a notary public is required in lieu of witnesses.)

_____	_____
(Witness Signature & Print)	(Witness Signature & Print)
_____	_____
(Street)	(Street)
_____	_____
(City, State, ZIP)	(City, State, ZIP)
_____	_____
(Telephone Number)	(Telephone Number)

OR...

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

_____ My Commission Expires _____
 Notary Public Signature

SEAL

Identification Confirmation

Name of Decedent _____ Date of Birth _____ Date of Death _____
(One of the following three options must be signed prior to cremation to verify the identity of the decedent)

1. AFFIRMATION FOR IDENTIFICATION OF DECEDENT AT PLACE OF DEATH

Name and Signature of Individual who Confirmed Identity of Decedent at Place of Death

(Name & Relationship) _____ (Signature) _____ Date: _____

2. AUTHORIZATION FOR PREPARATION IDENTIFICATION OF REMAINS

(One of the following two options must be sign prior to identification)

A. The undersigned hereby authorizes and requests Cremation Society of the Carolinas (the "Funeral Home") including its agents and employees to prepare the body of _____ (the "Decedent") for identification prior to his/her cremation. I acknowledge and agree that this authorization permits the named Funeral Home to use the services of independent funeral directors, apprentices or student interns in connection with such care and preparation for the identification. Such preparation could include washing the hair and body, closing the mouth (which may involve the use of sutures or wires), closing the eyes and aspiration of the body (an invasive procedure performed to remove excess fluids and/or gases from the body when distention visible). It does not include embalming or the introduction of chemicals into the body. The undersigned acknowledges that the purpose of this preparation is to make the appearance of the Decedent more presentable for identification.

The undersigned acknowledges that the Funeral Home recommends that this preparation be done. If the undersigned elects not to authorize such preparation, he/she may do so by signing the appropriate place below.

The undersigned also acknowledges that he/she has been provided with the opportunity to ask any questions he/she may have concerning this procedure to enable the undersigned to make an informed decision.

I hereby consent to the preparation described above and I represent that I have the legal authority to give this authorization.

_____ (Name & Relationship) _____ (Signature & Date)

B. I hereby decline to authorize the preparation described above. I hereby agree to release and hold the Funeral Home and its employees harmless from any claims relating to or caused by viewing the body of the Decedent.

_____ (Name & Relationship) _____ (Signature & Date)

***Name and Signature of Individual Confirming Identity of Decedent at Cremation Society of the Carolinas**

(Name & Relationship) _____ (Signature) _____ Date: _____

3. AUTHORIZATION TO TAKE PHOTO OF DECEDENT FOR IDENTITY CONFIRMATION

(Must be signed by majority of Next of Kin(s) prior to receiving photo)

I/we decline an in-person identification for the purpose of identifying the decedent _____ and agree to receive a photograph electronically of the decedent. I acknowledge and agree that this authorization permits the named Funeral Home to use the services of independent funeral directors, apprentices or student interns in connection with such care and preparation for the identification. Such preparation could include washing the hair and body, closing the mouth (which may involve the use of sutures or wires) and closing the eyes.

I/we agree to indemnify and hold Cremation Society of the Carolinas and its officers, directors, shareholders, affiliates, agents, employees, successors' and assigns harmless from all claims, relating to or cause by viewing the photograph of the decedent, liabilities, damages, losses, suits, or causes of action (including attorney's fees and expenses of litigation) brought by any person, firm or corporation or the personal representative therefore, relating to or arising from receiving/submitted the photograph electronically.

(Name & Relationship) _____ (Signature) _____ Date: _____

(Name & Relationship) _____ (Signature) _____ Date: _____

(Name & Relationship) _____ (Signature) _____ Date: _____

(Name & Relationship) _____ (Signature) _____ Date: _____

*** Name and Signature of Individual Confirming Identity of Decedent by Photo**

(Please sign once photo has been reviewed)

I confirm the photo I received is the remains of _____

(Name) _____ (Signature) _____ Date: _____