



# CREMATION AUTHORIZATION AND FINAL DISPOSITION FORM

*Please fill in where arrows → appear.*

→ \_\_\_\_\_ →  
Name of Individual to be Cremated Date of Birth

**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.**

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 "Decedent")

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(s) would object to the cremation of Decedent.

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

Name(s) & Dates of person(s) contacted

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

→ \_\_\_\_\_  
Initial(s)

B. If the Authorizing Agent(s) is/are aware of any other living person(s) with equal right to that of the Authorizing Agent(s), the Authorizing Agent(s) hereby certify, warrant, and represent that 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).

Name(s) of person(s) that location is unknown

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

→ \_\_\_\_\_  
Initial(s)

C. I/We hereby request and authorize 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 Decedent at Triangle Cremation Services, located at 2205 East Millbrook Road, Raleigh, NC 27604 (hereinafter referred to as "Crematory") 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** cremation 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/recycled 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 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 known 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 to secure the removal of any and all hazardous mechanical devices from Decedent prior to the cremation process, at the expense of contracting client(s). Authorizing Agent(s) also agree devices/implants recovered will be disposed of/recycled by crematory.

TO THE BEST OF THE KNOWLEDGE OF THE AUTHORIZING AGENT(S), THE REMAINS OF DECEDENT REMAINS  
→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 REMAINS →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 at the expense of the contracting client. 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 **and/or shipped to the authorized agent at the authorized agent's or contracting client's expense** 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. (see section J.)

→ \_\_\_\_\_  
Initial(s)

**Choose one from Item J. →**

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. \_\_\_\_\_ Release the cremated remains to the following designated person(s):

Name(s): \_\_\_\_\_ Relationship(s): \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_ Delivery of the cremated remains of Decedent to the **US Postal Service** for shipment via Registered,

Return Receipt mail to: **Name:** \_\_\_\_\_

**Address :** \_\_\_\_\_

(If option 2 is 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.)

3. \_\_\_\_\_ Other (Describe): \_\_\_\_\_

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

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. 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)

**(Section M and N for Preneed Only)**

**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."**

M. If this cremation authorization form is being executed on a preneed basis:

**By placing his or her initials in the appropriate line, the Self-Authorizing Agent indicates his/ 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)

N. The Self-Authorizing Agent may specify in writing, religious practices that conflict with Article 13 of Chapter 90 of the NC General Statues. 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 \_\_\_\_\_

(Religious practices which conflict with Article 13 of Chapter 90 of the North Carolina General Statues)



## IDENTITY CONFIRMATION AT TIME OF DEATH

Name of Decedent \_\_\_\_\_ Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_  
Place of Death: \_\_\_\_\_

**→ (Required: Initial 1, 2, or 3 and sign below to verify the identity of the decedent)**

**1. → \_\_\_\_\_ AFFIRMATION FOR IDENTIFICATION OF DECEDENT**  
Initial **WAS VERIFIED AT PLACE OF DEATH** (I decline an in-person identification)

**2. AUTHORIZATION FOR PREPARATION OF DECEDENT FOR IDENTIFICATION AT FACILITY**  
If I decline to authorize the preparation described below, 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.

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

**a. → \_\_\_\_\_ Initial to Allow Preparation**      **b. → \_\_\_\_\_ Initial to Decline Preparation**  
Initial Initial

I, the undersigned, hereby authorize and request 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 is 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 completed. 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.

View Completed FD \_\_\_\_\_ Date \_\_\_\_\_

**3. → \_\_\_\_\_ AUTHORIZATION TO TAKE PHOTO OF DECEDENT FOR IDENTITY CONFIRMATION**  
Initial (Must be initialed prior to receiving photo)

I 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, to provide a more natural appearance of the decedent.

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.

**Email Address Authorized to Receive Photo:** \_\_\_\_\_

**4. → \_\_\_\_\_ Optional FINGERPRINT AUTHORIZATION**  
Initial (Please initial so we can provide your family with this no cost measure.)

The Cremation Society of the Carolinas wishes to help the families we assist in many ways, including, having an ability to keep a cherished token of their loved one's life, by capturing a copy of a fingerprint. The fingerprint may be held onto as an everlasting part of the memory of your family member, we will be able to share more detail of how this memory may become a permanent keepsake during the arrangement conversation. The undersigned authorizes the Cremation Society of the Carolinas to capture a finger print of decedent electronically, to be stored in a secure location for the sole purpose of the families ability to retain it.

**→ Name and Signature of Individual Confirming Identity of Decedent**

(Signature) \_\_\_\_\_ (Name & Relationship) \_\_\_\_\_ Date: \_\_\_\_\_