North Carolina Board of Funeral Service NC Crematory Authority

The following items must be on all NC Cremation Authorization Forms Effective October 1, 2003.

1.	Individual to be Cremated							
		(First)	(Middle)	(Last)				
·.	Date of Death	Time of I	Death					
	(N/A if Preneed)						
١.	Name and Signat	ure of Individual Confirming Identi	ity of Decedent:					
	Name and addre	ss of Crematory that will perform t	:he cremation:					
		•	d Crematory, 334 2 nd St., NW, Hic	kory, NC 28601				
		Phone: (828) 322						
j.	By signing the for	rm the Authorizing Agent(s) repres						
	the crem has a sup another Agent(s) contact s	orizing Agent(s) hereby certify, wa ation of the decedent and the Aut perior right to that of the Authorizi living person who does have a sup- represents (represent) that the Au- uch person, has (have) been unab- rould object to the cremation of the	horizing Agent(s) is (are) not awang Agent(s) as set forth in G.S. 90 erior right to that of the Authorizithorizing Agent(s) has (have) made to do so, and has (have) no rea	re of any living person who -210.44; or, if there is ing Agent(s), the Authorizing de all reasonable efforts to				
	right to t	orizing Agent(s) has (have) either of the Authorizing Agent(s), as of any other living person with an o	set forth in G.S. 90-210.44, or do	es (do) not know the				
	(do not)	est of the knowledge of the Author contain a pacemaker or any ot on performing the cremation.						
5 .	The Authorizing Agent(s) hereby authorizes (authorize) the above named Crematory to cremate the decedent, including the right to process or pulverize the cremated remains.							
' .	The Authorizing Agent(s) authorizes (authorize) to receive the cremated remains from crematory licensee.							
3.	•	ion of the cremated remains is to I	be as follows:					

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

	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 cancelling my cremation and selecting											
	 a I do not wish to allow any of my survivors the option of cancelling 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.											
	_											
t	Carolina G	eneral Statutes. The ere with cremation in	specify in writing religiou crematory licensee and f n a licensed crematory as	funeral direct	or shall obser	ve these reli	igious pra	ctices exc	ept wher			
t t	The Authorizing Agent(s) understand(s) that after this cremation authorization form is executed, the authorizing agent(s) only revoke the authorization and instruct the crematory licensee or funeral establishment to cancel the cremation and the release or deliver the human remains to another crematory licensee or funeral establishment by providing such instruction to the crematory licensee in writing prior to the commencement of the cremation. The crematory licensee shall honce these instructions provided that it receives such instructions prior to commencement of the cremation of the human remains.											
i	By executing this Cremation Authorization From, as Authorizing Agent(s), the undersigned warrant that all representation and statements, except for Paragraph 5c, 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 this form.											
	Signature		/			/	/					
	۰	(Authorizing Agent)	Print Name	,	Relationship to	Decedent	Date		Time			
	Address _ Signature	Street		/ City /	/ State	/ <u>()</u> Zip /	Tel	ephone				
		(Authorizing Agent)	Print Name		Relationship to	Decedent	Date		Time			
	_	Street		/ City	State	/ <u>(</u>	Tel	ephone				
	Signature	(Authorizing Agent)	Print Name	/	Relationship to	Decedent	/ Date		Time			
1	Address _	Street		/_ City	/ State	/ <u>()</u> Zip	Tel	ephone				
	Sianatura		/Print Name	/	Relationship to	/ Decedent	/ Date					
9	Signature	TAUTHORIZING APPILL				, 5000000			Time			
		(Authorizing Agent)	J		/	/ ()			Time			
-	Address _	Street	that the human remai	/_ City ns delivered	State to the Crem	Zip atory Licens		ephone :he humai				
, - i	Address _ The funeradentified of	Street al director warrants on the Cremation Aut		ns delivered	to the Crem	atory Licens	see are t	the humai	n remair			