

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 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.

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. 90-210.43 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) 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.

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations 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 _____ / _____ / _____ / _____ / _____
 (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 the Cremation Authorization Form.

 (Signature of the funeral director of the funeral establishment or crematory licensee)

If Applicable, Name and Address of Funeral Director and Funeral Establishment that obtained cremation Authorization:

