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

_____
Name of Individual to be Cremated (Deceased)

_____ / _____ / _____ / _____
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

Name and Signature of Individual Confirming Identity of Decedent:

_____

_____

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 cremated remains, and disposition of the remains of _____ (hereinafter referred to as the "Decedent") and the Authorizing
Name of 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 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 Agent(s).

_____
Initial(s)

C. I/We hereby request and authorize _____
Name and Address of Funeral Home

(hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation, processing or pulverizing, and disposition of the remains of the Decedent at

_____

_____,
Name and Address of Crematory

(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 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. **All** cremations 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 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**. In 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 other mechanical devices in the Decedent 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 implanted mechanical device. In the event the remains of the 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 and secure the removal of any and all mechanical devices from the remains prior to the cremation process. TO THE BEST OF THE KNOWLEDGE OF THE AUTHORIZING AGENT(S), THE HUMAN REMAINS DO (__) DO NOT (__) CONTAIN A PACEMAKER 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/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 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 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.

_____
Initial(s)

J. I/We authorize the Crematory to return the cremated remains of the 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 the 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 the Decedent as follows (complete appropriate disposition):

1. ___Deliver the cremated remains to _____ cemetery, with which arrangements already have been made for the cremated remains to be _____ _____.
2. ___Release the cremated remains to the following designated person:
   Name: _____ Relationship: _____
3. ___Delivery by funeral home the cremated remains to the US Postal Service for shipment via Registered, Return Receipt mail to
   Name _____
   Address _____
   City/State/ZIP_____(Attach Postal Receipt to NC Board Form.)
4. ___Delivery by crematory the cremated remains to the US Postal Service for shipment via Registered, Return Receipt mail to
   Name _____
   Address _____
   City/State/ZIP_____ (Attach Postal Receipt to NC Board Form.)
5. ___Deliver the cremated remains to _____ (name of carrier) for shipment in my name as cosignor to _____ (name and address of cosignee) for permanent disposition. (Attach copy of carrier receipt.)
   ___Other (Describe): _____

(If options 3, 4, or 5 are selected, then I/we agree to assume all liability that may arise from such shipment, and indemnify and hold the Funeral Home and/or Crematory harmless from any and all claims that may arise from such shipment.)

_____
Initial(s)

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.

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 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.

N. As the Authorizing Agent(s), I/we hereby agree to indemnify, defend, and hold harmless the Funeral home, 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, including the failure to properly identify the decedent or the human remains transported to the Crematory, 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 any 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 Crematory, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

_____
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 on 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

_____ / _____ _____
Name and Signature of Funeral Home Director/Crematory Licensee as Witness, if applicable License Number

(Must be signed before two witnesses when funeral director not present. In certain cases, notary public may be required in lieu of witnesses.)

_____	_____
(Witness)	(Witness)
_____	_____
(Street)	(Street)
_____	_____
(City, State, ZIP)	(City, State, Zip)

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

_____
Notary Public

My Commission Expires _____.

SEAL

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. _____ LOCAL NO. _____ COUNTY OF DEATH _____ STATE FILE NO. _____

DECEDENT

TYPE/PRINT IN PERMANENT BLACK, BLUE-BLACK OR BLUE INK

NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)

DECEDENT'S LEGAL NAME

1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
aka	aka	aka		

2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR: Months	Days	3c. UNDER 1 DAY: Hours	Minutes	4. DATE OF BIRTH (Month/Day/Year)	5. BIRTHPLACE (County/State or Foreign Country)	6. DATE OF DEATH (Month/Day/Year)

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____

7c. FACILITY NAME (If not institution, give street and number)	7d. CITY OR TOWN	7e. COUNTY OF DEATH

8. MARITAL STATUS ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	9. SURVIVING SPOUSE (Give name prior to first marriage)	10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY

11. SOCIAL SECURITY NUMBER	12a. RESIDENCE–STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS ☐ Yes ☐ No	12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- ☐ 8th grade or less
- ☐ 9th–12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
- ☐ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino (Specify) _____

16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian ☐ Japanese
- ☐ Chinese ☐ Korean
- ☐ Filipino ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)

19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT	19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)

DISPOSITION

20a. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION (City or Town and State)

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER	21c. NAME OF EMBALMER	21d. LICENSE NUMBER

22. NAME AND ADDRESS OF FUNERAL HOME

MEDICAL CERTIFICATION

23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.

Approximate interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____

Due to (or as a consequence of)

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. _____

Due to (or as a consequence of)

c. _____

Due to (or as a consequence of)

d. _____

PART II. Other **significant** conditions contributing to death but not resulting in the underlying cause given in PART I.

24a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

BURIAL/CREMATION PERMIT

Medical Examiner: Authorization for Disposition/Transportation After the medical examiner completes and signs this burial transit permit/cremation authorization, it constitutes authority for burial, cremation, transportation or removal from the state. A copy of this form serves as a Burial/Cremation Permit.

25. MANNER OF DEATH ☐ Natural ☐ Homicide ☐ Accident ☐ Pending ☐ Suicide ☐ Cannot be determined	26a. WAS CASE REFERRED TO MEDICAL EXAMINER? ☐ Yes ☐ No 26b. IF YES ☐ Declined by Medical Examiner	27. TIME OF DEATH (Approximate)	28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown	29. IF FEMALE: ☐ Pregnant at time of death ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

MEDICAL EXAMINER ONLY

30. DATE PRONOUNCED (Month/Day/Year)	31a. DATE OF INJURY (Month/Day/Year)	31b. TIME OF INJURY	31c. INJURY AT WORK? ☐ Yes ☐ No	31d. PLACE OF INJURY–at home, farm, street, factory, office, building, etc.	31e. IF TRANSPORTATION INJURY SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____

31f. DESCRIBE HOW INJURY OCCURRED	31g. LOCATION OF INJURY (Street/Number/City/State)

CERTIFIER

32. CERTIFIER (Check only one)
- ☐ Certifying physician/nurse practitioner/physician assistant – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
- ☐ Medical Examiner – On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.

33a. SIGNATURE AND TITLE OF CERTIFIER	33b. LICENSE NUMBER	33c. DATE SIGNED (Month/Day/Year)

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)	36. DATE REGISTERED BY STATE

REGISTRAR

34. FOR LOCAL REGISTRAR (Name)	35. DATE FILED (Month/Day/Year)

DATE CORRECTED (Mo/Day/Yr)	ITEM(S) CORRECTED:
DATE AMENDED (Mo/Day/Yr)	ITEM(S) AMENDED: