

**CREMATION AUTHORIZATION AND
FINAL DISPOSITION FORM**

Name of Individual to be Cremated (Decedent)

_____/_____/_____/_____
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.

Name and Signature of Individual Confirming Identity of Decedent:

The death of 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 "Decedent"); that 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(s) would object to the cremation of Decedent.

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

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 Decedent at

Name and Address of Crematory

(hereinafter referred to as the "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. **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 that there are such valuable items I/we wish to retain, it is my/our responsibility to remove them or have them removed from Decedent's remains **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 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. Implanted leads 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 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 and secure the removal of any and all hazardous mechanical devices from Decedent prior to the cremation process. TO THE BEST OF THE KNOWLEDGE OF THE AUTHORIZING AGENT(S), THE REMAINS OF DECEDENT DO (____) DO NOT (____) CONTAIN A LEADS 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/HER/THEIR KNOWLEDGE, THE REMAINS OF DECEDENT 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. 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, 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.

Initial(s)

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. ___ Deliver the cremated remains of Decedent to _____ cemetery, with which arrangements have already been made for the cremated remains of Decedent to be _____.
2. ___ Release the cremated remains of Decedent to the following designated person:
Name: _____ Relationship: _____
3. ___ Delivery by funeral home of the cremated remains of Decedent 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 of the cremated remains of Decedent 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 of Decedent 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): _____

_____ 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. Pursuant to 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)

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 of Signature |
| Address _____ | _____ | _____ | _____ |
| Street | City | State | ZIP Telephone |

| | | | |
|-------------------|------------|--------------------------|-------------------|
| Signature _____ | _____ | _____ | _____ |
| Authorizing Agent | Print Name | Relationship to Decedent | Date of Signature |
| Address _____ | _____ | _____ | _____ |
| Street | City | State | ZIP Telephone |

| | | | |
|-------------------|------------|--------------------------|-------------------|
| Signature _____ | _____ | _____ | _____ |
| Authorizing Agent | Print Name | Relationship to Decedent | Date of Signature |
| 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

REPRESENTATIONS OF FUNERAL DIRECTOR

By executing this authorization form as a licensed funeral director and agent/employee of

_____, I warrant to the best of my knowledge that (1) our funeral home was responsible for making arrangements with the Authorizing Agent(s) for the cremation of Decedent and that I have reviewed this authorization form with the Authorizing Agent (s); (2) that no member of our funeral home has any knowledge or information that would lead us to believe that any of the answers provided on this form, by the Authorizing Agent(s), are incorrect; (3) that the human remains delivered to the Crematory and represented as the human remains specified on this form are in fact the human remains that were identified to our funeral home as Decedent; and (4) that our funeral home obtained all necessary permits authorizing the cremation of Decedent, including a DHHS 1181 Authorization for Cremation if required. I understand that failure to complete this authorization in its entirety and other required documentation will result in the delay of the cremation of Decedent.

_____/_____/_____
Signature of Funeral Director License Number Telephone Number
_____/_____/_____/_____/_____
Name of Funeral Home Address of Funeral Home City State ZIP

FOR CREMATORY USE ONLY

Cremation approved by _____ Date _____
Instructions _____

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

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 _____ 3c. UNDER 1 DAY _____ 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 Hospice facility Nursing home/Long term care facility Decedent's home Other (Specify) _____
7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL _____

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, 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 Other Asian (Specify) _____
 Black or African American
 American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
 Native Hawaiian Guamanian or Chamorro
 Samoan Other Pacific Islander (Specify) _____
 Asian Indian Japanese
 Chinese Korean Other (Specify) _____
 Filipino Vietnamese

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

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: _____