



STANDARD CREMATION AUTHORIZATION 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)	Medical Examiner's Authorization Required (Yes or No)	Death Due to an Infectious Disease (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.

Individual Confirming Identity of Decedent:

Name	Signature
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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) or person(s) attempted to be contacted:

_____	_____
_____	_____

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).

C. I / We hereby request and authorize **Twiford Funeral Homes, LLC** (hereinafter referred to as "Funeral Home") whose address is: _____ to take possession of and make arrangements for the cremation, processing or pulverizing, and disposition of the remains of Decedent at **Albemarle Crematorium, Inc.** (hereinafter referred to as "Crematory") whose address is: **403 East Church Street, Elizabeth City, NC 27909** 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.

Acknowledgement: By initialing below, I/We hereby acknowledge each item set forth in Sections A through C above.

Initial(s)

- D. If Decedent's cremation does not involve a funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2): I/We hereby authorize: **Albemarle Crematorium, Inc.** (hereinafter referred to as "Crematory Licensee") whose address is: **403 East Church Street, Elizabeth City, NC 27909** to take possession Decedent's human remains and make arrangements for cremation in accordance with and subject to: (a) the terms and conditions set forth in this Authorization; (b) any applicable state or local laws, rules, and regulations; and (c) the rules and regulations of said Crematory Licensee.
- E. Unless specifically permitted by G.S. 90-210.129(h), cremation will be performed individually. Due to the nature of cremation, valuable materials may 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 cremation. Body prostheses, dental bridgework, or dental fillings within Decedent's remains may either be destroyed or may not be recoverable. Accordingly, Authorizing Agent(s) represent and warrant to Crematory Licensee that such materials have been removed from Decedent's remains or, if not, that they may be removed from Decedent's remains and disposed of by Crematory Licensee or may be destroyed by cremation
- F. **Cremation** 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. I/We hereby authorize Crematory to cremate Decedent's human remains. 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.
- G. **Cremated remains** consist primarily of bone fragments, which are processed or pulverized to permit their placement in an initial container or other suitable container. I/We hereby authorize Crematory Licensee to process and/or pulverize Decedent's cremated remains. Unless another container type is purchased for the cremated remains of Decedent, Crematory Licensee will place the cremated remains in an initial container that may not be recommended for any type of shipment. In the event the capacity of the initial container or any other container is insufficient to accommodate all of the cremated remains of Decedent, a separate initial container will be used and returned to the person(s) designated in Paragraph O of this Authorization.
- H. Even with the exercise of reasonable care and the use of Crematory Licensee'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 Crematory Licensee to dispose of any such residual particles in any lawful manner it deems appropriate.
- I. Unless otherwise specifically approved for cremation or by the manufacturer or proper regulating agency, pacemakers or other mechanical devices may create a hazardous condition when placed in a cremation chamber. Crematory Licensee 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, Authorizing Agent(s) hereby authorize and instruct Funeral Provider or when not applicable, Crematory Licensee, its agents and employees to remove any and all hazardous mechanical devices from Decedent prior to the cremation process. Any such removal must be carried out in accordance to the manufacturer's guidelines and any applicable law or rule.

TO THE BEST OF THE KNOWLEDGE OF THE AUTHORIZING AGENT(S), THE REMAINS OF DECEDENT:

DO [] DO NOT [] CONTAIN A PACEMAKER THAT IS NOT APPROVED FOR CREMATION BY THE PACEMAKER'S MANUFACTURER OR PROPER REGULATING AGENCY.

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.

Acknowledgement: By initialing below, I/We hereby acknowledge each item set forth in Sections D through I above.

Initial(s)

- J. Crematory Licensee reserves the right to reject a cremation container not suitable for cremation. Remains received in an unsuitable cremation container may be removed prior to cremation and placed in a suitable container; and Crematory Licensee reserves the right to dispose of such noncombustible container(s) at its sole discretion. Crematory Licensee is authorized to remove and discard handles or any other items attached to the cremation container which may cause damage to the cremation chamber.
- K. If no final disposition is given, the cremated remains of Decedent will be held by Funeral Provider or if not applicable, Crematory Licensee, for 30 days before they are disposed of, unless the cremated remains of Decedent are received from Funeral Provider or if not applicable, Crematory Licensee, prior to that time, in person, by Authorizing Agent(s) or his/her/their designee.
- L. I/We authorize Funeral Provider or if not applicable, Crematory Licensee, to return the cremated remains of Decedent according to my/our directive(s) below. I/We understand that the services and obligations of the Crematory Licensee shall be fulfilled when the cremated remains of Decedent are returned to the possession and custody of the Funeral Provider, if applicable. I/We hereby authorize Funeral Provider or if not applicable, Crematory Licensee, 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. _____ Delivery by funeral home of the cremated remains of Decedent to the US Postal Service for shipment via Registered, Return Receipt mail to _____ whose address is _____

 3. _____ Release the cremated remains of Decedent to the following designated person(s):

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

Special instructions to be followed: _____

 4. _____ Other (Describe): _____

- M. Authorizing Agent(s) understand(s) that after this Standard Cremation Authorization Form is executed, Authorizing Agent(s) can only revoke the authorization and instruct Funeral Provider and/or Crematory Licensee to cancel the cremation and to release or deliver Decedent's remains to another funeral provider and/or crematory licensee by providing such instructions to Crematory Licensee in writing prior to the commencement of cremation. Crematory Licensee shall honor these instructions provided that it receives such instructions prior to commencement of the cremation of Decedent's human remains.

Acknowledgement: By initialing below, I/We hereby acknowledge each item set forth in Sections J through M above.

Initial(s)

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)

O. If this Standard Cremation Authorization Form is being executed on a **preneed** basis:

1. 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)

Name(s) of Survivors

2. 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.

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

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

Authorizing Agent: _____
Printed Name Signature

Date of Signature: _____ Time of Signature: _____

Relationship to Deceased: _____ Phone: _____

Physical Address: _____
Street City State Zip

Authorizing Agent: _____
Printed Name Signature

Date of Signature: _____ Time of Signature: _____

Relationship to Deceased: _____ Phone: _____

Physical Address: _____
Street City State Zip

Authorizing Agent: _____
 Printed Name Signature

Date of Signature: _____ Time of Signature: _____

Relationship to Deceased: _____ Phone: _____

Physical Address: _____
 Street City State Zip

Authorizing Agent: _____
 Printed Name Signature

Date of Signature: _____ Time of Signature: _____

Relationship to Deceased: _____ Phone: _____

Physical Address: _____
 Street City State Zip

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.”.

TWO WITNESSES REQUIRED IF STANDARD CREMATION AUTHORIZATION EXECUTED ON A PRENEED BASIS

Witnesses are not required by law if this Standard Cremation Authorization Form was executed on an at–need bases. However, some funeral providers and/or crematory licensees may require two (2) witnesses if this Standard Cremation Authorization Form was not signed by the authorizing agent(s) in the presence of a funeral director/funeral service licensee or a crematory licensee representative.

Witness: _____
 Printed Name Signature

Physical Address: _____
 Street City State Zip

Witness: _____
 Printed Name Signature

Physical Address: _____
 Street City State Zip

NOTARY

A notary is not required by law. However, some funeral providers and/or crematory licensees may require a notary if this Standard Cremation Authorization Form was not signed by the authorizing agent(s) in the presence of a funeral director/funeral service licensee or a crematory licensee representative.

STATE OF _____, COUNTY OF _____

I certify that _____ personally appeared before me this day, _____ day of _____, 20_____, acknowledging to me that he or she signed the foregoing Standard Cremation Authorization Form.

 Signature of Notary

 Notary Public's Typed or Printed Name

My commission expires: _____

(Official Seal)

REPRESENTATIONS OF FUNERAL DIRECTOR / FUNERAL SERVICE LICENSEE
(To be completed AT-NEED)

By executing this authorization form as a funeral director or funeral service licensee and an agent / employee of the Funeral Home, I warrant to the best of my knowledge that (1) the 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 the 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 the Funeral Home as Decedent; and (4) that the Funeral Home obtained all necessary permits authorizing the cremation of Decedent, including a DHHS 1881 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.

Funeral Director or Funeral Service Licensee: _____
Printed Name License Number

Signature Date of Signature

REPRESENTATIONS OF CREMATORY LICENSEE
(To be completed AT-NEED by crematory licensee when no funeral provider involved)

By executing this Standard Cremation Authorization Form as an agent / employee of Crematory Licensee, I warrant to the best of my knowledge that (1) Crematory Licensee was responsible for making arrangements with Authorizing Agent(s) for the cremation of Decedent and that I have reviewed this Standard Cremation Authorization Form with Authorizing Agent(s); (2) that no employee of Crematory Licensee has any knowledge or information that would lead it to believe that any of the answers provided on this form, by Authorizing Agent(s), are incorrect; and (3) that Crematory Licensee obtained all necessary permits authorizing the cremation of Decedent, including approval from the Office of the Chief Medical Examiner, if required. I understand that failure to complete this Standard Cremation Authorization Form in its entirety and other required documentation will result in the delay of the cremation of Decedent.

Funeral Director or Funeral Service Licensee: _____
Printed Name License Number

Signature Date of Signature

FOR CREMATORY USE ONLY

Cremation Approved By: _____ Date: _____

Special Instructions: _____
