

## AUTHORIZATION FOR CREMATION

**THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

I (We), the undersigned (the Authorizing Agents), hereby authorize and request Pines Cremation Service, in accordance with and subject to its rules and regulations, and any applicable state or local laws or regulations, to cremate the human remains of \_\_\_\_\_ (the decedent) and to arrange for the final disposition of the cremated remains as set forth on this form.

I (We) have identified the human remains that were delivered to the funeral home as the decedent, and have authorized the funeral home to deliver the decedent to Pines Cremation Service, for cremation.

Name \_\_\_\_\_ Signature \_\_\_\_\_

### Identification

Time of Death \_\_\_\_\_ Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Did the decedent die of natural causes? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please explain:

Was death caused by an infection or contagious disease? Yes \_\_\_\_\_ No \_\_\_\_\_ Hospice: Yes \_\_\_\_\_ No \_\_\_\_\_

### Pre-Need Cremation Arrangements

If this cremation authorization form is being executed on a pre-need basis, by placing his or her initials on the appropriate line, the Authorizing Agent authorizes 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 chance 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.

\_\_\_\_\_  
\_\_\_\_\_

Did the decedent leave oral instructions to be cremated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, with whom? \_\_\_\_\_

Did the decedent arrange for final disposition of the cremated remains? Yes \_\_\_\_\_ No \_\_\_\_\_

### Time of Cremation

Pines Cremation Service is authorized to perform the cremation upon receipt of the human remains, at its discretion and according to its own time schedule as work permits, without obtaining any further authorization or instructions. Yes \_\_\_\_\_ No \_\_\_\_\_

### Pacemakers, Prosthesis, Silicon, and Radioactive Implants

**All Pacemakers and radioactive implants must be removed prior to delivering the decedent Pines Cremation Services.**

Do the decedent's remains contain a silicon implant? Yes \_\_\_\_\_ No \_\_\_\_\_

To the best of the AA's knowledge, do the decedent's remains contain a pacemaker, implant, or any other material that may potentially be hazardous to the person performing the cremation? Yes \_\_\_\_\_ No \_\_\_\_\_

The following list contains all devices (mechanical, radioactive implants, and prosthetics which are implanted in or attached to the decedent, that should be removed prior to the cremation: \_\_\_\_\_

I have instructed the funeral home to remove or arrange for removal of these devices and to promptly dispose of them prior to transporting the decedent to Pines Cremation Service.

### Witnessing

Are there any people who wish to witness placement of the casket or container into the cremation chamber? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide their names: \_\_\_\_\_

### Authority of Authorizing Agent

The Authorizing Agent(s) hereby certify, warrant, and represent that I(we) have the right to authorize the cremation of the decedent and I(we) are not aware of any living person(s) who has a superior right to that of the Authorizing Agent(s) as set forth in G.S.90-210.44. If there is another living person who does have a superior right to that of the Authorizing Agent(s), The Authorizing Agent(s) represents (represent) that the Authorizing Agent(s) has (have) no reason to believe that such person would object to the cremation of the decedent.

Name of person(s) Authorizing Agent(s) attempted to contact: \_\_\_\_\_

The Authorizing Agent(s) has (have) either disclosed the location of all living persons with a equal right to that of the Authorizing Agent(s) as set forth in G.S.90-210.44 or does not know the location of any other living person with an equal right to that of the Authorizing Agent(s).

**FINAL DISPOSITION**

I (We) authorize the crematory to return the cremated remains to the possession and custody of the funeral home which fulfills the crematory's obligations. I (we) authorize the funeral home to arrange for the disposition of the cremated remains as follows:

- 1. \_\_\_\_\_ Deliver the cremated remains to \_\_\_\_\_ cemetery.
- 2. \_\_\_\_\_ Release the cremated remains to the following designated entity:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 3. \_\_\_\_\_ Return cremated remains via U.S. Postal Service (registered, return receipt mail) to: \_\_\_\_\_
- 4. \_\_\_\_\_ Other disposition (describe) \_\_\_\_\_

If options 3 or 4 are selected, the Authorizing Agent(s) agree to assume all liability that may arise from such shipment and indemnify and hold the crematory/and or funeral home harmless from any and all claims that may result from such shipment. Unclaimed cremated remains will be disposed of after 30 days pursuant to North Carolina statute. Section – 90 – 210. 130B. The Authorizing Agent(s) hereby authorizes (authorize) Pines Cremation Service 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 the crematory licensee.

**PINES CREMATION SERVICE DOES NOT STORE CREMATED REMAINS**

**Limitation of Liability**

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless Pines Cremation Service, its officer, agents, and employees, of and from any and all claims, demands, causes of action, and suits of any 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 transmitted to Pines Cremation Service, 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, 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 by any other action performed by Pines Cremation Service, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

**Signature of Authorizing Agent(s)**

By executing this Cremation Authorization form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Pines Cremation Service to cremate the human remains of the decedent, and the undersigned have read and understand the provisions contained in this form.

Executed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Time \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Time \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Time \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Subscribed and sworn before me \_\_\_\_\_  
This \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
Commission expires \_\_\_\_\_

**Signature Funeral Director & name/address of Funeral home as witness for signature(s) of Authorizing Agent (s)**  
Form must be signed before two witnesses when funeral director is not present. The services of a Notary Public may be required in lieu of two witnesses in certain cases.

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

SEAL

**Representations of Funeral Director**

By executing this authorization form as licensed funeral director and agent/employee of \_\_\_\_\_ funeral home, 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 the decedent and that I have reviewed this 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 Pines Cremation Service and represented as the human remains specified on this form are in fact the human remains that were identified to our funeral home as the decedent.
- 4. That our funeral home obtained all necessary permits authorizing cremation and that those permits are attached.
- 5. That the representations concerning the decedent's cause of death regarding any infectious or contagious disease are true.
- 6. That the representations concerning a pacemaker and any other material or implant that may be potentially hazardous are true.

\_\_\_\_\_  
(Licensed Funeral Director)