

**CAPE FEAR CREMATORY  
CREMATION AUTHORIZATION FORM**

1. Name of Individual to be Cremated (Deceased): \_\_\_\_\_  
First Middle Last

2. Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

3. Place of Death: \_\_\_\_\_ Hospice: \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Name and Signature of Individual Confirming Identity of Decedent:

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

5. Name and Address of Crematory that will perform the Cremation in accordance and subject to any applicable state or local laws, rules and regulations:

**Cape Fear Crematory, 6765 Sandy Creek Road, Stedman, NC 28391**

**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**

6. By signing this form the Authorizing Agent(s) represent(s) the following:

a. 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. The Authorizing 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;

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);

c. 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 hazardous to the person performing the cremation.

**DO (\_\_\_\_) DO NOT (\_\_\_\_)** contain any type of implanted mechanical device.

7. **I/We** as the Authorizing Agent(s) hereby request(s) and authorize(s) **Cape Fear Crematory, Inc.** to take possession of the human remains; perform the cremation to include processing or pulverizing the cremated remains of the decedent in accordance with any applicable state or local laws, rules, and regulations.

8. **I/We** as the Authorizing Agent(s) hereby understand that the services and obligations of Cape Fear Crematory, Inc. shall be fulfilled when the cremated remains of the Decedent are returned to the possession and custody of those designated to receive such as outlined below:

9. The **Final Disposition** of the cremated remains is to be as follows:

a. \_\_\_\_\_ Deliver the cremated remains to \_\_\_\_\_ Cemetery either by personal  
(initial) delivery or by the U.S. Postal Service for shipment via Registered, Return Receipt Mail to:

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Name/Point of Contact	Name of Cemetery	Phone Number
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Address

b. \_\_\_\_\_ Release the cremated remains to the following Designated Person(s) by personal delivery or  
(initial) pick up:

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Name	Relationship	Phone Number
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Address

c. \_\_\_\_\_ Delivery by Cape Fear Crematory, Inc. to the US Postal Service for shipment via Registered,  
(initial) Return Receipt mail to:

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Name	Relationship	Phone Number
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Address

If option 9 a or c has been selected, then **I/We** agree to assume all liability that may arise from such shipment, and indemnify and hold Cape Fear Crematory, Inc. harmless from any and all claims that may arise from shipment.

If no final disposition is given, the cremated remains will be held by Cape Fear Crematory, Inc. for thirty (30) days before they are disposed of, unless the cremated remains are received from Cape Fear Crematory, Inc. prior to that time, in person, by the Authorizing Agent or his designee.

10. 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 (SELF) indicates his or her election of said options:

\_\_\_\_\_ **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 DO** 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)	Relationship to You	Phone Number	City & State of Residence

11. The Authorizing Agent(s) may specify in writing religious practices that conflict with Article 13 of Chapter 90 of the N.C. 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.

12. 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.

13. 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, it's officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

By executing this Cremation Authorization Application Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements, except for 6c 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 on this form.

**SIGNATURE OF AUTHORIZING AGENT(S) FOR CREMATION & DISPOSITION  
(Attach additional sheets if necessary)**

Signature \_\_\_\_\_  

<b>Authorizing Agent</b>	<b>Printed Name</b>	<b>Relationship to Decedent</b>	
<b>Address</b>	<b>Street</b>	<b>City</b>	<b>State</b>
<b>Telephone</b>	<b>Date Signed</b>	<b>Zip Code</b>	<b>Time</b>

Signature \_\_\_\_\_  

<b>Authorizing Agent</b>	<b>Printed Name</b>	<b>Relationship to Decedent</b>	
<b>Address</b>	<b>Street</b>	<b>City</b>	<b>State</b>
<b>Telephone</b>	<b>Date Signed</b>	<b>Zip Code</b>	<b>Time</b>

Signature \_\_\_\_\_  

<b>Authorizing Agent</b>	<b>Printed Name</b>	<b>Relationship to Decedent</b>	
<b>Address</b>	<b>Street</b>	<b>City</b>	<b>State</b>
<b>Telephone</b>	<b>Date Signed</b>	<b>Zip Code</b>	<b>Time</b>

Signature \_\_\_\_\_  
**Authorizing Agent**                      **Printed Name**                      **Relationship to Decedent**  
Address \_\_\_\_\_  
**Street**                      **City**                      **State**                      **Zip Code**  
Telephone \_\_\_\_\_ **Date Signed** \_\_\_\_\_ **Time** \_\_\_\_\_

Signature \_\_\_\_\_  
**Authorizing Agent**                      **Printed Name**                      **Relationship to Decedent**  
Address \_\_\_\_\_  
**Street**                      **City**                      **State**                      **Zip Code**  
Telephone \_\_\_\_\_ **Date Signed** \_\_\_\_\_ **Time** \_\_\_\_\_

\_\_\_\_\_  
Signature of Funeral Director of the Funeral Establishment or Crematory Licensee:

\_\_\_\_\_  
License #                      Address                      City                      State                      Zip Code

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

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 the 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 the decedent; and (4) that our funeral home obtained all necessary permits authorizing the cremation of the Decedent. I understand that failure to complete this authorization in its entirety and other required documentation will result in the delay of the cremation of the 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 \_\_\_\_\_  
\_\_\_\_\_