

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

First Middle Last

_____/_____/_____/_____
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

Printed Name of Individual Confirming Identity of Decedent: _____

Signature

A. The undersigned (hereinafter referred to as the "Authorizing Agent(s)") hereby certify, warrant and represent the 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 to the remains of _____ (hereinafter referred to as the "Decedent") and
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 person who does have a superior right to that of 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.

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 living person with an equal right to that of the Authorizing Agent(s).

Initials(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 Jones Funeral Home Crematory, 303 Chaney Avenue, Jacksonville, NC (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 removed 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 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 to permit their placement in an urn or other suitable container. I understand that an urn or other suitable container is necessary to accommodate the cremated remains. I can purchase such a container from the Funeral Home or supply one to the Funeral Home. 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.

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 HAZARDOUS TO THE PERSON PERFORMING THE CREMATION.

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. Pursuant to G.S. 90-210.125(a)(10) The name of person authorized to receive cremated remains from crematory: _____

The final disposition of the cremated remains is to be as follows: _____

Type of Urn(s) _____

If no final disposition is given, the cremated remains will be held by the Crematory Licensee/Funeral Home for 60 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(s) or his designee.

Initial(s) _____/_____/_____

J. 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:

1. _____ 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.
2. _____ 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) _____/_____/_____

K. 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.

L. The Authorizing Agent(s) understand(s) that after this cremation authorization form is executed, the authorizing agent(s) only can 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 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 the commencement of the cremation of the human remains.

M. As the Authorizing Agent(s), I/we hereby agree to indemnify, defend and hold harmless the Funeral Home and/or Crematory, its officers, agents and employees, of and from any 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 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 decedents 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 employee's, pursuant to this authorization, excepting only acts of willful negligence.

Initial(s) _____/_____/_____

