

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

1. Name of Individual to be Cremated _____
(First) (Middle) (Last)

2. _____ / _____ / _____ / _____ / _____
Place of Death Date of Death Time of Death Age Hospice (yes or no)

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

(Print Name)

(Signature)

4. Name and Address of Crematory that will perform the cremation:

Harnett Crematory LLC #93, PO Box 266, Lillington, NC 27546

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

- 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 the "Decedent") and the

Name of Decedent

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) and
- c. To the best 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. In the event that the decedent does in fact contain such a device, authorization is hereby granted for its removal prior to cremation.

6. The authorizing Agent(s) hereby authorizes (authorize) **Harnett Crematory, LLC** to cremate the decedent and the receptacle containing the decedent, including the right to process or pulverize the cremated remains.

7. The authorizing Agent(s) authorizes (authorize) **O'Quinn-Peebles-Phillips Funeral Home & Crematory** to transport the human remains to **Harnett Crematory, LLC** for cremation and to receive the cremated remains from **Harnett Crematory, LLC** following the cremation.

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

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

9. 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:

- a. _____ 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.
- b. _____ 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)

- 10. 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.
- 11. 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.
- 12. The Crematory reserves the right to accept or reject a cremation container of noncombustible materials. Remains received in noncombustible containers will 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 are noncombustible or which may cause damage to the cremation chamber.

13. **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.

As the Authorizing Agent(s), I/we hereby agree to indemnify, defend, and hold harmless **Harnett Crematory, LLC**, its officers, agents and employees and the funeral home named herein, 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 or the funeral home named herein, its 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 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	Time
Address _____	_____	_____	_____	/(____)
Street	City	State	ZIP	Telephone
Signature _____	_____	_____	_____	_____
Authorizing Agent	Print Name	Relationship to Decedent	Date	Time
Address _____	_____	_____	_____	/(____)
Street	City	State	ZIP	Telephone
Signature _____	_____	_____	_____	_____
Authorizing Agent	Print Name	Relationship to Decedent	Date	Time
Address _____	_____	_____	_____	/(____)
Street	City	State	ZIP	Telephone
Signature _____	_____	_____	_____	_____
Authorizing Agent	Print Name	Relationship to Decedent	Date	Time
Address _____	_____	_____	_____	/(____)
Street	City	State	ZIP	Telephone

The funeral director warrants that the human remains delivered to the Crematory Licensee are the human remains identified on this Cremation Authorization Form.

(Signature of the funeral director of the funeral establishment)

Name and Address of Funeral Director and Funeral Establishment that obtained cremation authorization:

(Funeral Director and License Number)

O'Quinn-Peebles-Phillips Funeral Home & Crematory, 1310 S. Main Street, Lillington, NC 27546

(Must be signed before a notary public when a funeral director is **NOT** present. Please send a copy of your photo ID along with this authorization.)

County of _____ State _____

Subscribed and sworn to before me this ____ day of _____, 20__.

I certify that the following person _____ (name) personally appeared before me this day and he or she signed the foregoing document

Notary Public-Printed Name

Notary Public- Signature

My Commission Expires _____.

SEAL