

Date: \_\_\_\_\_

## CREMATION AND DISPOSITION AUTHORIZATION

This Authorization Form must be completed and signed prior to the cremation. Please read it carefully and ask us any questions you may have. Cremation is an irreversible and final process. It is important that you understand the cremation process that is described in Section 8 of this Authorization Form and the Attachment prior to signing it. We want you to fully understand the information provided in this Authorization Form and Attachment, so we will be pleased to answer any question about the cremation process or the other information in this form.

THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.

**(Print all information except signatures.)**

### **1. IDENTIFICATION OF THE DECEDENT**

Name of Decedent: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Time: \_\_\_\_\_

Place of Death: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_ Hospice Present? Yes \_\_\_ No \_\_\_ Death was \_\_\_ Was not \_\_\_ Due to an infectious disease.

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS:

\_\_\_\_\_ The Authorizing Agent(s) has viewed the remains and positively identified them as the body of the Decedent.  
initials

OR

\_\_\_\_\_ The personal representative of the Authorizing Agent(s) has viewed the remains and positively identified them as the body of the Decedent. Printed Name of Personal Representative \_\_\_\_\_  
initials

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **2. FUNERAL HOME AND CREMATORY**

The Authorizing Agent(s) authorizes the Funeral Home and Crematory set forth below to carry out the directions and instructions of the Authorizing Agent(s) contained in this Authorization.

Funeral Home: Sossoman Funeral Home, 1011 S. Sterling Street, (P. O. Box 2608), Morganton, NC 28655 (28680) 828-437-3211

Crematory: Bass Smith Crematory, 334 2<sup>nd</sup> Street NW, Hickory, NC 28601

### **3. IDENTIFICATION OF AUTHORIZING AGENT(S)**

Authorizing Agent 1: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Authorizing Agent 2: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Authorizing Agent 3: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Authorizing Agent 4: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

### **4. AUTHORITY OF AUTHORIZING AGENT(S)**

As Authorizing Agent(s), I represent that I have the right to authorize the cremation of the Decedent's remains and I am initialing one of the following three statements accordingly:

\_\_\_\_\_ I certify that I do not have actual knowledge of any living person who has a superior right to act as the Authorizing Agent(s) as set forth in G.S. 90-210.44  
initials

OR

\_\_\_\_\_ There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent(s) as set forth in G.S. 90-210.44.. That person(s) has provided me written permission to serve as Authorizing Agent(s).  
initials

OR

\_\_\_\_\_ There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent(s) as set forth in G.S. 90-210.44. I have made all reasonable efforts to contact such person(s), but have been unable to do so. I have no reason to believe that such person(s) would object to the cremation of the Decedent's remains.  
initials

Name(s) of Other Person(s): \_\_\_\_\_

**5. PACEMAKERS, IMPLANTS, AND PROSTHESES (SEE #5 ON ATTACHMENT)**

Description of Devices: \_\_\_\_\_

Please initial one of the following statements:

           The remains of the Decedent do not contain any of the Devices described in #5 on the Attachment.

initials

OR

           As Authorizing Agent(s), I instruct the Funeral Home to remove each Device listed above and to charge for its services in making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose of all such Devices. The Devices listed are to be removed and returned to the Authorizing Agent(s): \_\_\_\_\_

initials

**6. CASKET OR ALTERNATIVE CONTAINER (SEE #6 ON ATTACHMENT.)**

Casket or Alternative Container Selected: \_\_\_\_\_

**7. WITNESSES (SEE #7 ON ATTACHMENT.)**

           No witnesses.

initials

OR

           \_\_\_\_\_

initials

List of Witnesses

**8. THE CREMATION PROCESS (SEE #8 ON ATTACHMENT.)**

**9. AUTHORIZATION TO CREMATE, PROCESS, AND PULVERIZE.**

           As authorizing Agent(s), I have read and understand the description of the cremation process contained in #8 on the Attachment and authorize the cremation, processing and pulverization of the remains of the Decedent. I/We further understand that I/We may specify in writing religious practices that conflict with Article 13 of Chapter 90 of the North Carolina General Statutes. The Crematory and Funeral Home shall observe these religious practices except where they interfere with cremation in a licensed crematory as specified under G. S. 90-210.43 or the required documentation and record keeping. I further authorize the Funeral Home to deliver the Decedent's remains to the Crematory for the purpose of the cremation.

initials

**10. URN OR TEMPORARY CONTAINER (SEE #10 ON ATTACHMENT.)**

Urn selected by Authorizing Agent(s).

Description of Urn: \_\_\_\_\_

Standard temporary shipping container provided by Crematory.

**11. FINAL DISPOSITION (PLEASE INITIAL THE OPTION SELECTED AFTER READING #11 ON ATTACHMENT.)**

           The Crematory shall deliver the cremated remains of the Decedent to the Funeral Home.

initials

           The Funeral Home or, in the event the cremated remains are not returned to the Funeral Home, the Crematory shall deliver the cremated remains of the Decedent for disposition as follows:

initials

Deliver to \_\_\_\_\_ cemetery with which arrangements have already been made.

Deliver or release to:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Other: \_\_\_\_\_

**12. PERSONAL PROPERTY**

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent(s) are given below.

Items to be delivered to the Authorizing Agent(s): \_\_\_\_\_

**13. TIME OF CREMATION**

Please initial one of the following:

initial The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits without any further notification to the Authorizing Agent(s).

OR

initial The Crematory is to use its best efforts to schedule the cremation in accordance with the schedule set forth below:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**14. CERTIFICATION AND INDEMNIFICATION**

The Authorizing Agent(s) acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent(s) in this authorization. The Authorizing Agent(s) certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent(s) agrees to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors, employees, and Agent(s)s from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, statements, representatives and agreements contained in the Authorization. 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 home to cancel the cremation and to release or deliver the human remains to another crematory licensee or funeral home 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 decedent.

Executed at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2010

Signature of Authorizing Agent 1: \_\_\_\_\_

Signature of Authorizing Agent 2: \_\_\_\_\_

Signature of Authorizing Agent 3: \_\_\_\_\_

Signature of Authorizing Agent 4: \_\_\_\_\_

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

**15. REPRESENTATIONS OF FUNERAL DIRECTOR**

By executing this authorization form as a licensed funeral director and agent/employee of Sossoman Funeral Home, Inc., 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 the Decedent and that I have reviewed this authorization form with the Authorizing Agent(s); (2) that no agent/employee 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 the Decedent; and (4) that the Funeral Home obtained all necessary permits authorizing the cremation of the Decedent.

\_\_\_\_\_  
Printed Name of Funeral Director and License Number

\_\_\_\_\_  
Signature

**16. PRENEED AUTHORIZATION**

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.

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

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