

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

Name of Individual to be Cremated (Deceased)	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**

I have viewed the decedent at Jackson Funeral Service and Crematory and confirm the identity of  
Name and Signature of Individual Confirming Identity of Decedent: (only sign if viewing)

The death of the decedent was (x)\_\_\_\_\_ was not (x)\_\_\_\_\_ due to an infectious or contagious disease.

- 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 \_\_\_\_\_

**Name of Decedent**

(hereinafter referred to as the "Decedent") and 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. 90-210.44; 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.

Name(s) of person(s) attempted to be contacted

- 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 Page 1 of 7 in G.S. 90-210.44, or does (do) not know the location of any other living person with an equal right to that of the Authorizing Agent(s).
- C. I/We hereby request and authorize **Jackson Funeral Service, 1101 Greenville Highway, Hendersonville, N.C.**  
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  
**Sunrise Crematory**  
1101 Greenville Highway/ Hendersonville, N.C. 28793  
Name and Address of Crematory

(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 or recycled by the Crematory or may be destroyed by the cremation process.
- E. Following a cooling period, the cremated remains are then swept or raked 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 (pulverize) the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
- F. Cremated remains consist primarily of bone fragments, which are processed or pulverized to permit their placement in an urn or other suitable container. Unless a suitable container is purchased for the cremated remains of the Decedent, the crematory will place such remains in a container which is designed for short-term use and **may not be recommended for any type of shipment**. 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 in Paragraph J.
- 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. THE AUTHORIZING AGENT(S) CERTIFY THAT TO THE BEST OF HIS/THEIR KNOWLEDGE THE REMAINS OF THE DECEDENT DO (  )DO NOT (  ) CONTAIN ANY TYPE OF IMPLANTED MECHANICAL DEVICE.
- H. A cremation container is used to hold the human remains and is cremated with the human remains. It is not the urn. It is required by the crematory and is also used for having a funeral service or simple identification. If you want to provide your own container you can use an alternative container. Alternative containers can be of materials like heavy cardboard or composition materials. 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
- I. 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 or his designee. Storage of cremated remains beyond 60 days will be billed at a rate of \$10.00 per month. If the cremated remains are not picked up within the period of 12 months they will be disposed of.

---

Initial(s)

J. I/We authorize the Crematory to return the cremated remains of the Decedent to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Decedent are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Decedent as follows (complete appropriate disposition):

1. \_\_\_ Deliver the cremated remains to: \_\_\_\_\_  
\_\_\_\_\_ cemetery,  
with which arrangements already have been made for the cremated remains to be  
\_\_\_\_\_.

2. \_\_\_ Release the cremated remains to the following designated person(s):

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

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

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

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

Any of the specified person(s) may pick up the cremated remains. We will not release to anyone that is not specified on this list. Please bring a photo identification when picking up.

**JACKSON FUNERAL SERVICE AND CREMATORY WILL NO LONGER SHIP CREMATED REMAINS ANYWHERE.**

3: \_\_\_ Personal delivery by motor vehicle to:

---

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. 90-210.43 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 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.

M. 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, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

\_\_\_\_\_  
Initial(s)

**N. I/WE UNDERSTAND THAT JACKSON FUNERAL SERVICE AND CREMATORY WILL NOT GUARANTEE THAT A CREMATION WILL BE PERFORMED ON ANY SPECIFIC DATE. IT WILL BE PERFORMED WHEN ALL PAPERWORK IS COMPLETED AND IN THE ORDER RECEIVED.**

**O.** Any clothing left on the decedent will be cremated during the process unless stated otherwise  
Here \_\_\_\_\_  
\_\_\_\_\_  
(Charges might apply for removing clothing prior to cremation.)

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

\_\_\_\_\_  
**Initial(s)**

**SIGNATURE OF AUTHORIZING AGENT(S) FOR CREMATION AND DISPOSITION**

Signature \_\_\_\_\_ / \_\_\_\_\_  
**Authorizing Agent Signature** Print Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Relationship to Decedent Date Time

Address \_\_\_\_\_ / \_\_\_\_\_  
Street City

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
State ZIP Telephone

Signature \_\_\_\_\_ / \_\_\_\_\_  
**Authorizing Agent Signature** Print Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Relationship to Decedent Date Time

Address \_\_\_\_\_ / \_\_\_\_\_  
Street City

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
State ZIP Telephone

\_\_\_\_\_/\_\_\_\_\_  
Name and Signature of Funeral Home Director/Crematory Licensee as Witness, if applicable License#

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 Jackson Funeral Service and Crematory, 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.

\_\_\_\_\_/\_\_\_\_\_/ (828) 693-4261  
Signature of Funeral Director License Number Telephone Number

Jackson Funeral Service / 1101 Greenville Hwy / Hendersonville / N.C. / 28792  
Name of Funeral Home Address City State ZIP

**FOR CREMATORY USE ONLY**

Cremation approved by \_\_\_\_\_ Date \_\_\_\_\_

Instructions \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS ON HOW TO SIGN THIS FORM**

If this form is not being signed in front of a North Carolina Funeral Director it WILL need to be notarized and the original mailed to our post office box. Faxed or scanned copies will not be accepted. Cremation will not take place until the entire form is filled out correctly, legally and received by our office.

The person(s) legally authorized to sign this form is an Authorizing Agent. An Authorizing Agent is usually the blood next of kin to the deceased. If legally married then the spouse will be the Authorizing Agent. If no spouse then all children are the Authorizing Agent. If no spouse or children are alive then contact us for who is legally the next of kin. There are also certain Health Care Powers of Attorney that can act as an Authorizing Agent either before or after death (please contact us for clarification on a POA).

If you are signing your own authorization before death then you are your own Authorizing Agent.

There are FOUR places for the Authorizing Agent initial on pages 1-4. Paragraph J. is the designation of the Cremated Remains. If someone is coming to pick up the Cremated Remains please check #2 (release the Cremated Remains to the following designated persons) and fill out the name(s) and relationship of anyone allowed to pick up the Cremated Remains. Page 4 is for the signature of the Authorizing Agent(s), printed name, relationship, date, time, address and phone number. Page 4 will be notarized by a legal notary.

If you have any questions, please contact a funeral director at our office.