CREMATION AUTHORIZATION

1. **Individual to be Cremated** ____ _____
(First) (Middle) (Last)

2. a. Date of Death _____ b. Time of Death _____c. Hospice Patient? Yes ____ No ____
d. Place of Death: _____e. If Hospital: Inpatient _____ Outpatient/ER _____

4. Name and Address of Crematory that will Perform the Cremation:
Cremation Services of WNC, LLC
2239 Smoky Park Highway - Candler, NC 28715 1-800-213-8009

5. **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 right to authorize the cremation of 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) represents (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 an equal right to that of the Authorizing Agent(s), as set forth 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)l and

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.

6. The Authorizing Agent(s) hereby authorizes (authorize) the above named Crematory to cremate the Decedent, including the right to process or pulverize the cremated remains.

7. The Authorizing Agent(s) authorizes (authorize) __Groce Funeral Home____ to receive the Cremated Remains from the Crematory Licensee.

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 the Crematory Licensee/Funeral Home for 30 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.

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. 90-210.43 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.

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements 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_____/_____/_____/_____ /_____
Authorizing Agent Print Name Relationship to Decedent Date Time

Address _____/_____/_____/_____/(____)_____
Street City State ZIP

Witness_____