

**Affordable Cremations of Winston-Salem, LLC
1426 First Street, Unit A Winston-Salem, NC 27101
336.831.0058**

**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

Name and Signature of Individual Confirming Identity of Decedent:

_____/_____/_____
Name Signature Relationship to deceased

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 _____ (hereinafter referred to as the "Decedent") and the Authorizing

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 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

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

Initial(s)

C. I/We hereby request and authorize **Affordable Cremations of Winston-Salem 1426 First Street, Unit A STREET WINSTON-SALEM, NC 27101** 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 SALEM CREMATORY 120 S. MAIN STREET WINSTON-SALEM, NC 27101.(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 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.

Initial(s)

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.

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 HAZARADOUS 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.

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. 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.

Initial(s)

- L. 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.
- M. 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.
- N. 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. I/We further understand that neither the Funeral Home or Crematory shall be liable for refusing to accept a body or perform a cremation until it receives a court order or other suitable confirmation that a dispute has been settled if any of the following occurs: (1) the Funeral Home or Crematory becomes aware of any dispute concerning the cremation of the human remains; (2) the Funeral Home or Crematory has a reasonable basis for questioning any of the representations made by the Authorizing Agent (s); or (3) for any other lawful reason. I/We also understand that, in the event the Funeral Home or Crematory becomes aware of any dispute concerning the release or disposition of cremated remains, the Funeral Home or Crematory shall not be liable for refusing to release or dispose of cremated remains and may refuse to release the cremated remains until the dispute has been resolved or the Crematory has been provided with a court order authorizing the release or disposition of the cremated remains

Initial(s)

Visual Identification Acknowledgement

The undersigned, having viewed the remains of the deceased, does hereby identify the same as the body of:

Ample time has been given the undersigned to assure proper identification prior to the execution of this document and by signing same, the undersigned acknowledges that there is no doubt or question about this identification.

The undersigned assumes all liability for correct identification, and does hereby agree to indemnify, defend and hold the funeral home identified above and its officers, agents and employees, harmless from any and all claims, damages, liabilities and cost (including reasonable attorney's fees) which may arise if this identification is inaccurate.

_____	Date	_____
Signature		Time
_____	_____	
Print Name	Street Address	
_____	_____	
Relationship to deceased	City, State and Zip Code	

Witness of the Identification Procedure

Witnessing of the identification of procedure must be accomplished by a funeral home representative (i.e. funeral director, receptionist, etc.) not by another family member, friend or institutional employee knowing the deceased.

_____	_____
Signature of Funeral Home Representative	Date
_____	_____
Printed Name of Funeral Home Representative	Title of Funeral Home Representative

INSTRUCTIONS FOR DISPOSITION Form

**Read all pages and instructions carefully. If you have any questions,
please contact us by telephone – 336.831.0058**

Page 1: Complete the required information at the top of the page. Enter the name and signature of the person confirming identity of the decedent near the middle of the page. In paragraph “A” the name of the decedent is entered, and the applicant certifies that he/she has the legal authority to authorize cremation. If there is/are other family member(s) with superior (or equal) legal right to authorize cremation who cannot be located, there is a possibility this application may not be accepted. Contact Affordable Cremations for further instructions. The authorizing agent(s) must initial at the bottom of the page.

Page 2: In paragraph “C,D,E”, authorizing agent must initial below the respective paragraphs.

Page 3: Initial the appropriate spaces in paragraph “G” about implanted medical devices and pacemakers.
Authorizing agent(s) also initial at the end of paragraphs “F,G,H,I”.

Page 4: In paragraph “J”, select the appropriate method for disposition of the cremated remains. Only if this form is being signed in advance by the individual himself (authorizing his own cremation), does paragraph “K” apply. Authorizing agent(s) initial at bottom of page.

Page 5: Authorizing agent(s) initial at bottom of page below paragraph “N”.

Page 6: All authorizing agents, who includes husband or wife, mother or father, or all siblings must complete the information required at the top of the page, please contact Affordable Cremations at (336) 831-0058 for reference. If the form is not signed in the presence of a funeral director or crematory licensee as indicated, all signatures must be notarized in the space provided or witnessed by two adults.

Page 7: This page is for funeral director and crematory use, and is shown here to the public for reference only.

Page 8: This identification form is only for those that are doing the I.D at the funeral home