

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

_____ 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: _____

_____ The authorizing agent accepts the identification of the deceased by _____ and received by

Initials

_____, authorized representative of Sossoman Funeral Home and Crematory Center.

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: Sossoman Crematory Center, 311 Eastview St. (PO Box 2608), Morganton, NC 28655

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

_____ 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

_____ 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
Initials 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): _____

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

Casket or Alternative Container Selected: Standard Alternative Cremation Container

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 Initials
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.

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

_____ Urn selected by Authorizing Agent(s).
Initials

Description of Urn: _____

_____ Standard temporary shipping container provided by Crematory.
Initials

11. RECEIPT OF CREMATED REMAINS

_____ Persons authorized to receive the cremated remains from Sossoman Funeral Home and Crematory Center:
Initials

12. FINAL DISPOSITION

_____ The final disposition of the cremated remains will be as follows:
Initials

13. PERSONAL PROPERTY

_____ All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, Initials 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): _____

14.. TIME OF CREMATION

Please initial one of the following:

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

OR

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

Date: _____ Time: _____

15. 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.

Signature of Authorizing Agent 1: _____ Date: _____ Time: _____

Signature of Authorizing Agent 2: _____ Date: _____ Time: _____

Signature of Authorizing Agent 3: _____ Date: _____ Time: _____

Signature of Authorizing Agent 4: _____ Date: _____ Time: _____

Witness: _____ Witness: _____

16. 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; (4) that the Funeral Home obtained all necessary permits authorizing the cremation of the Decedent, and (5) the attachment listed in #8 was explained and given to the family.

Printed Name of Funeral Director and License Number

Signature

Date

17. 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.
