

HUDSON FUNERAL HOME, INC  
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NORTH CAROLINA BOARD OF FUNERAL SERVICE  
NC CREMATORY AUTHORITY

The following items must be on all NC Cremation Authorization Forms Effective October 1, 2003.

Authorization To Cremate

1. Individual to Be Cremated \_\_\_\_\_  
(First) (Middle) (Last)
2. Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_  
(N/A if Preneed)
3. Name and Signature of Individual Confirming Identity of Decedent:  
\_\_\_\_\_
4. Name and Address of Crematory that will perform the cremation:  
**Durham Cremation Services**  
**1125 E. Geer Street, Durham, NC 27704**
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. 90-210.124; or, if there is another living person who does have a superior right to that of the Authorizing Agent(s), the Authorizing Agent(s) 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. 90-210.124, or does (do) not know the location of any other living person with an equal right to that of the Authorizing Agent(s); 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) \_\_\_\_\_ 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.

9. 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.

\_\_\_\_\_  
\_\_\_\_\_  
(Name(s) of Survivors)

