



10. The Authorizing Agent(s) may specify in writing religious practice 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 recordkeeping.
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 instruction 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, except for Paragraph 5c if that information is unknown to the Authorizing Agent(s), 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.

1 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Authorizing Agent Signature) (Printed Name) (Relationship) (Date) (Time)  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Street Address & Mailing Address) (City) (State) (Zip) (Phone)

2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Authorizing Agent Signature) (Printed Name) (Relationship) (Date) (Time)  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Street Address & Mailing Address) (City) (State) (Zip) (Phone)

3 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Authorizing Agent Signature) (Printed Name) (Relationship) (Date) (Time)  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Street Address & Mailing Address) (City) (State) (Zip) (Phone)

4 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Authorizing Agent Signature) (Printed Name) (Relationship) (Date) (Time)  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Street Address & Mailing Address) (City) (State) (Zip) (Phone)

The Funeral Director warrants that the human remains delivered to the Crematory Licensee are the human remains identified on this Cremation Authorization Form. \_\_\_\_\_

(Signature of the funeral director of the funeral establishment or crematory licensee.)

If applicable, Name and Address of Funeral Director and Funeral Establishment that obtained cremation authorization:

\_\_\_\_\_

Subscribed & sworn before me  
 This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 (SEAL)

\_\_\_\_\_  
 Signature Funeral Director & name/address of Funeral Home as witness for signature(s) of Authorizing Agent(s)

Form must be signed before two witnesses when funeral director is not present. The services of a Notary Public may be required in lieu of two witnesses in certain cases.

Witness: \_\_\_\_\_

\_\_\_\_\_  
 (Notary Public)  
 Commission Expires \_\_\_\_\_

Witness: \_\_\_\_\_

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I(we) hereby agree to indemnify, defend, and hold harmless Pines Cremation Service, its officers, agents and employees, of and from any and all claims, demands, causes of action, and suits of any 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 transmitted to Pines Cremation Service, 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, 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 by any other action performed by Pines Cremation Service, its officers, agents or employees, pursuant to this authorization, excepting only acts of willful negligence.