



Cremation Authorization

Hall-Wynne Funeral Service & Cremation
Durham ✧ Pittsboro ✧ Franklinton

Gentry-Newell & Vaughan
Oxford

OUR CREMATION CODE OF ETHICS

We believe it is your right to FULL DISCLOSURE. This means you are entitled to review the various service and merchandise choices we can provide as well as being advised of any legal policy or requirements that may have an impact on the decisions you are making.

YOUR RIGHTS - You have a right to select services from our General Price List. You have a right to view and select from a variety of cremation merchandise that is used in the cremation process (Cremation Containers) and that is used to subsequently contain the cremated body (Urns). You have the right to review a Cremation Authorization Form and have questions answered before signing the form. You have a right to be advised of various funeral home policies and applicable legal requirements prior to finalizing the cremation arrangements.

IDENTIFICATION OF THE BODY - When the body is transferred from a hospital or medical examiner facility, it is in the best interests of the survivors and the funeral home and crematory personnel to ensure the correct identity of the deceased before cremation. In some instances, a valid photo ID of the deceased can be provided to the Funeral Director who can sign confirming identity on behalf of the Authorizing Agent. Unless the deceased is embalmed for a public viewing or funeral before cremation, the identification must be for a very short time only and may be done by anyone who represents their ability to do so. Prior to identification, the mouth and eyes of the deceased are closed by accepted methods of mortuary science (for aesthetic purposes). A disinfectant topical cleansing is performed on the deceased when embalming is declined.

NORTH CAROLINA LAW - We comply with all state laws and regulations of the North Carolina General Statutes pertaining to the practice of cremation.

THE CREMATION PROCESS - Only one body will be cremated during the cremation process. The cremated remains, consisting of bone fragments, will be diligently removed from the cremation chamber and pulverized into small fragments. Because the cremation chamber is lined with porous material, it is not always possible to remove small traces of the cremated remains.

C R E M A T I O N A U T H O R I Z A T I O N

Individual to be cremated:

_____/_____
First Name Middle Last Date/Time of Death (n/a if pre-need)

The cremation, processing and disposition of the deceased shall be performed in accordance with all governing laws, and the policies, procedures and requirements of **Triangle Funeral Services, Inc. (hereinafter referred to as the "Funeral Home") doing business as: Hall-Wynne Funeral Service (Durham, NC); Hall-Wynne Funeral Service-Griffin Chapel (Pittsboro, NC); Hall-Wynne Funeral Service Franklinton Chapel (Franklinton, NC); Gentry-Newell & Vaughan (Oxford, NC); or _____ and Hall-Wynne Crematory (hereinafter referred to as the "Crematory.")**

AUTHORITY OF AUTHORIZING AGENT(S)

By signing this form the Authorizing Agent(s) (hereinafter referred to as "AA") represent(s) the following:

- A. The AA(s) hereby certify, warrant, and represent that I/We have the right to authorize the cremation of _____ (name of the deceased, hereinafter referred to as the "Deceased"). The AA(s) is (are) not aware of any living person who has a superior right to that of the AA(s) as set forth in G.S. 90-210.120; or, if there is another living person who does have a superior right to that of the AA(s), the AA(s) represents (represent) that the AA(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 AA(s) has (have) either disclosed the location of all living persons with an equal right to that of the AA(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 AA(s); and
- C. To the best of the knowledge of the AA(s), the human remains (do) ___ (do not) ___ contain **a pacemaker** or any other material or implant that may be potentially hazardous to he person performing the cremation.

The AA (s) hereby authorize Funeral Home to cremate the Deceased, including the right to process or pulverize the cremated remains at the Crematory, 1113 W. Main Street, Durham, NC 27701, or alternate crematory in the event Hall-Wynne Crematory is non-operational due to maintenance or temporary malfunction (name of alternate crematory) _____. Also I/we agree to indemnify and hold Triangle Funeral Services, Inc., its officers, agents and employees harmless from any and all loss, costs, or damages it or they may suffer or incur by reason of acting upon the order and authorization set forth.

The AA (s) authorize(s) _____ to receive the cremated remains from the crematory licensee.

The AA(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.

The AA(s) understand(s) that after this cremation authorization form is executed, the AA(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 AA(s), the undersigned warrant that all representations and statements, except for Section c, 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 OF PERSON(S) AUTHORIZING CREMATION & DISPOSITION

Signature _____ / _____ / _____ / _____ / _____
Authorizing Agent Print Name Relationship to Decedent Date Time

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

Signature _____ / _____ / _____ / _____ / _____
Authorizing Agent Print Name Relationship to Decedent Date Time

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

Signature _____ / _____ / _____ / _____ / _____
Authorizing Agent Print Name Relationship to Decedent Date Time

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

Signature of Funeral Director _____ Lic. # _____

Funeral Home HW Durham, HW Griffin, HW Franklinton, GNV or other FH _____

(When funeral director is **not** present at signature, a notary public is required.)

(Witness)

(Street, City, State Zip)

(Witness)

(Street, City, State Zip)

Subscribed and sworn to before me this ____ day of _____, 20____

My Commission Expires _____

Notary Public

PRE-NEED AUTHORIZATION

If this cremation authorization form is being executed on a preneed basis, by placing his or her initials in the appropriate line, the AA 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. Initials of AA _____
- 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. Initials of AA _____

NAMES OF SURVIVORS : _____

DISCLOSURES

- A. **THE CREMATION PROCESS. All cremations are performed individually.** Cremation is performed by placing the deceased in a container and then placing the container into a cremation chamber where open flame creates a temperature of 1600-2000 degrees Fahrenheit. Incineration of the container is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal, as the temperature is insufficient to consume them. Following a cooling period, the cremated body, which normally weighs between 4-8 lbs. in the case of an adult, is then swept or raked from the cremation chamber. In addition, while every effort is made to prevent commingling, inadvertent or incidental commingling of minute particles of the cremated body from the residue of previous cremations is possible. After the cremated body is removed from the chamber, all non-combustible materials (insofar as possible), such as bridgework and materials from the cremation container or casket, such as hinges or latches, will be separated and removed from the human bone fragments by visible or magnetic selection, and will be disposed of by the Crematory with similar materials from other cremations in a non-recoverable manner. The cremated body is then processed to allow for placement in a suitable container. The Crematory makes a reasonable effort to put all of the cremated body in the container with the exception of dust and other residue, which may remain on the equipment.
- B. **CASKET/CONTAINER.** The Crematory requires that the Deceased be delivered in a suitable container to provide dignity for the Deceased and safety of Crematory personnel. This container must meet the following standards: 1. be composed of readily combustible materials suitable for cremation; 2. be able to be closed to provide a complete covering for the Deceased; 3. be resistant to leakage or spillage; 4. be rigid enough for handling with ease. The Crematory does not accept metal containers or caskets. **The cremation process will occur in the following container:** _____ Initials of AA _____
- C. **URNS/CONTAINERS.** After the cremated body has been processed, the remains will be placed in a designated urn or container. If the purchase of an urn is declined, the cremated body will be returned in a transparent plastic bag placed inside a cardboard box as provided by the Crematory. Should the capacity of the urn or other container be insufficient to accommodate all the cremated remains, an additional temporary container will be returned. "AA" holds Funeral Home and/or Crematory harmless for mental anguish caused by voluntary or involuntary damage to the temporary container or urn, as provided or selected, as a cremated remains receptacle. **The cremated remains will be placed in the following urn:** _____ Initials of AA _____
- D. **IDENTIFICATION.** Triangle Funeral Services takes pride that we have never participated in a cremation involving a mistaken identity. We believe our cremation identification policy and careful procedures help to ensure that cremations under our care are conducted properly. Cremation is an irreversible process. Where there is human involvement, however, there is always potential for human error. While extremely rare, hospital, coroner, mortuary staffs and others, are subject to making a mistake in the identification of the Deceased. Consequently, in our goal to never allow such a mistake, we ask for a positive identification of the Deceased prior to cremation. When embalming is declined, the Deceased is bathed, topically disinfected, and the mouth and eyes are closed. In the interest of full disclosure and to minimize movement of the Deceased, the identification occurs in the container selected by the arranging party. This container shelters the deceased prior to cremation and will be consumed in the cremation process. Initials of AA _____
- E. **DISPOSITION OF PERSONAL EFFECTS.** (Director to itemize)
 - 1. Cremated with Body _____
 - 2. Returned to arranging party _____
 - 3. Placed in urn _____ Initials of AA _____
- F. **FINAL DISPOSITION. SOME PROVISIONS MUST BE MADE FOR THE FINAL DISPOSITION OF THE CREMATED BODY.** If no disposition is given, the cremated remains will be held by the Crematory/Funeral Home for 30 days before they are disposed of, unless the cremated remains are received from the Crematory/Funeral Home prior to that time, in person, by the AA or his designee. I/we authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/we understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the custody of the Funeral Home. I/we hereby authorize the Funeral Home to arrange for the final disposition of the cremated body as specified. The final disposition of the cremated remains is to be as follows: _____ Initials of AA _____

IDENTIFICATION OF DECEASED

I have identified the deceased body of _____ on the date of _____ at _____ I hereby verify that this is the body of the above named person.

Note: Identification at the funeral home is not required if death occurred at a residence or care facility where the Authorized Representative(s) and Funeral Home personnel were present concurrently when the deceased was removed.

NAME _____ RELATIONSHIP _____

SIGNATURE _____ WITNESS SIGNATURE _____

Name & Address of Funeral Home that obtained cremation authorization:

- Hall-Wynne Funeral Service, 1113 W. Main Street, Durham, NC 27701
- Hall-Wynne Funeral Service - Griffin Chapel, 396 West Street, Pittsboro, NC 27312
- Hall-Wynne Funeral Service – Franklinton Chapel, 504 E. Mason Street, Franklinton, NC 27525
- Gentry-Newell & Vaughan, 503 College Street, Oxford, NC 27565
- Other: _____

Description of Urn or container selected: _____ Suitable for shipping: Yes No

Deliver to _____ Name and Address of Cemetery

Release to family / Representative _____ Name & Relationship

Ship via US Registered Mail _____

To: _____

Other: _____

RELEASE OF CREMATED REMAINS

TRIANGLE FUNERAL SERVICES IS GIVEN AUTHORIZATION BY THE AFOREMENTIONED AUTHORIZED AGENT TO RELEASE CREMATED REMAINS TO THE FOLLOWING INDIVIDUALS ONLY:



REPRESENTATION OF FUNERAL DIRECTOR

By executing this form as a licensed funeral director and employee of Hall-Wynne Funeral Home, I warrant to the best of my knowledge that (a) our funeral home was responsible for making these cremation arrangements with the authorizing party(ies), and that I have reviewed this form with the representative(s) accordingly; (b) that no member of our firm has any knowledge or information that would lead us to believe any of the answers provided herein are incorrect; (c) that our funeral home obtained all the necessary permits authorizing cremation of the above named decedent. I warrant that the human remains delivered to the Crematory Licensee are the known remains identified on this Cremation Authorization Form.

Signature of funeral director _____ Date: _____

IN-HOUSE USE ONLY

Pacemaker or Explosive Medical Devices: Yes No Removed by: _____

Medical Examiner required: Yes No Hospice: Yes No

Cremation date: _____ Cremation time: _____ Age of decedent: ____ Sex: ____