

THE CREMATION PROCESS

All cremations are performed individually.

Cremation is performed by placing the deceased in a casket or other container and then placing the casket or other container into a cremation chamber or retort, where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the deceased in order to facilitate a complete and thorough cremation. Through the use of a suitable fuel, incineration of the container and contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other nonhuman material) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prosthesis or dental bridgework), that are left with the decedent and not removed from the casket or container prior to cremation will be destroyed or if not destroyed, will be disposed of by ACS. As the casket or container will not normally be opened by ACS (to remove valuables, to allow for a final viewing or for any other reason), arrangements must be made with the funeral home to remove any such possessions or valuables prior to the time that the decedent is transported to ACS.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average adult, are then swept or raked from the cremation chamber. Our staff then uses a specially designed vacuum to remove any particles, dust, and residue, which are then combined with the rest of the cremated remains. ACS makes a reasonable effort to remove all of the cremated remains from the cremation chamber, but it is impossible to remove all of them, as some dust and other residue from the process are always left behind. In addition, while every effort will be made to avoid commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility.

After the cremated remains are removed from the cremation chamber, all non-combustible materials (insofar as possible), such as bridgework, and materials from the casket or container, such as hinges, latches, nails, etc., will be separated and removed from the human bone fragments by visible or magnetic selection and will be disposed of by ACS with similar materials from other cremations in a non-recoverable manner.

When the cremated remains are removed from the cremation chamber, the skeletal remains often contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will then be mechanically processed (pulverized). This process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions will be virtually unrecognizable as human remains.

I have read and understand **THE CREMATION PROCESS**

***Initials of Authorizing Agent(s)** _____, _____, _____, _____.

PACEMAKERS, IMPLANTS, AND OTHER POTENTIALLY HAZARDOUS MATERIAL

To the best of the knowledge of the Authorizing Agent(s), the decedent's remains **do not** contain a pacemaker, implant, or any other material that may be potentially hazardous to the cremation chamber or the person performing the cremation. The decedent is safe to cremate.

I understand that if ACS has not been notified about such devices or implants or other material(s), and not instructed to remove them, that I/We are responsible for any damages caused to ACS or crematory personnel by such implants, devices, or materials.

***Initials of Authorizing Agent(s)** _____, _____, _____, _____

OR

The following list contains all existing devices (including all mechanical, implants, and devices) which are implanted in or attached to the decedent, that should be removed prior to cremation

I/We have instructed ACS to remove or arrange for the removal of these devices and to properly dispose of them.

***Initials of Authorizing Agent(s)** _____, _____, _____, _____

FINAL DISPOSITION

After the cremation has taken place, the cremated remains have been processed and the processed cremated remains placed in the designated receptacle, ACS will arrange for the disposition of the cremated remains as follows, and the Authorizing Agent(s) hereby authorizes ACS to release, deliver, transport, or ship the cremated remains as specified.

* Complete one of the following:

1. Release said cremated remains to the following person:

_____ (printed name) _____ (relationship to decedent) _____ (phone number)

2. Deliver said cremated remains to _____ cemetery/memorial park, with which arrangements have already been made for the cremated remains to be _____ interred in ground, _____ inurned in a niche, _____ scattered in a scattering garden, _____ other (specify) _____

3. Deliver said cremated remains to the U. S. Postal Service for shipment by Registered Return Receipt mail to _____

4. Arrange for the scattering of said cremated remains at sea by ACS.

* If option 1 is selected, in the event the said cremated remains are not picked up in 30 days from the date of the cremation, the cremated remains will be disposed of at the convenience of ACS in accordance with G. S. 90-210.130.

* If option 3 is selected, I am aware that the services of ACS have been fully completed when the cremated remains have been delivered to the U. S. Postal Service. I also understand that ACS assumes no responsibility after delivery to the U. S. Post Office and that I/We agree to assume all liability that may arise from such shipment, and to indemnify and hold ACS harmless from any and all claims that may arise from such shipment.

*** If no arrangements are made for the final disposition of the cremated remains, the cremated remains will be disposed of after 30 days in accordance with G.S. 90-210.130**

*Initials of Authorizing Agent(s) _____, _____, _____, _____

If this cremation and disposition authorization form is being executed on a pre need basis, by placing his or her initials in the appropriate line, the Authorizing Agent indicates his or her election of said option:

1. _____ 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.

2. _____ 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)

MERCHANDISE

ACS will not accept the remains of the Decedent for cremation unless they are received in a suitable cremation container. We reserve the right to accept or reject a cremation container constructed of non-combustible material. ACS is authorized to dispose of residue from a non-combustible container accepted for cremation, or handles or other items attached to any cremation container, at its sole discretion.

Type of casket or container selected _____

Type of urn or container selected _____

Initials of Authorizing Agent(s) _____, _____, _____, _____

Page 3 of 6
AUTHORITY OF AUTHORIZING AGENT

I/We certify the Decedent left the following surviving heirs at law:

Spouse: yes no NAME

Children: yes no How many

NAMES

Parents: yes no How many

NAMES

Siblings: yes no How many

NAMES

PRIORITY TO QUALIFY AS THE AUTHORIZING AGENT

(1) Any person acting on the instructions of a decedent who authorized his or her own cremation through the execution, on a pre-need basis, of a crematory authorization form which specifically states that no changes can be made by survivors as set out in Subsection 12 (B) (1) of the Law, unless the authorization specifically provides for a designated survivor to alter the arrangements under Subsection (B) (2) of the Law, and the designated survivor has contacted the crematory authority and expressed the desire to alter the arrangements. The actions of such a designated survivor, however, shall not prevent another individual, who has a priority right superior to that of the designated survivor according to this Section, from authorizing the cremation of the decedent by executing a new cremation authorization form.

(2) Any person serving as executor or legal representative of a decedent's estate or who has a Health Care Power of Attorney and acting according to the decedent's written instructions which specifically document the decedent's wishes to be cremated.

(3) spouse (4) all adult children (5) surviving parent (s) (6) all siblings (7) The State

LIMITATION OF LIABILITY

As the Authorizing Agent(s), I/We agree to indemnify, defend, and hold harmless ACS, its officers, agents, and employees, of and from any and all claims, demands, causes 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 transmitted to ACS, 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 ACS, its officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

The Authorizing Agent(s) may specify in writing religious practices that conflict with Article 13 of Chapter 90 of the North Carolina General Statutes. ACS 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 Authorizing Agent(s) understand that after this cremation and disposition authorization form is executed, the authorizing agent(s) can only revoke the authorization and instruct ACS or ACS to cancel the cremation and to release such instructions to ACS in writing prior to the commencement of the cremation ACS shall honor these instructions provided that it receives such instructions prior to commencement of the cremation of the human remains.

By executing this CREMATION AND DISPOSITION AUTHORIZATION FORM, as Authorizing Agent(s), the undersigned declare under penalty of perjury that all representations and statements contained in this form are true and correct, that these statements were made to induce ACS to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained within this form

SIGNATURE OF AUTHORIZING AGENT(S)

*Printed Name _____ Signature _____
Relationship to Decedent _____ Phone number _____
Address _____
Date _____ Time _____

Printed Name _____ Signature _____
Relationship to Decedent _____ Phone Number _____
Address _____
Date _____ Time _____

Printed Name _____ Signature _____
Relationship to Decedent _____ Phone Number _____
Address _____
Date _____ Time _____

Printed Name _____ Signature _____
Relationship to Decedent _____ Phone number _____
Address _____
Date _____ Time _____

REPRESENTATIONS OF THE FUNERAL DIRECTOR

By executing this authorization form as a licensed funeral director and agent/employee of ACS, I warrant to the best of my knowledge that (1) our 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 member of our 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 ACS and represented as the human remains specified on this form are in fact the human remains that were identified to our funeral home as the decedent; and (4) that our funeral home obtained all necessary permits authorizing the cremation of the Decedent. I understand that failure to complete this authorization in its entirety and other required documentation will result in the delay of the cremation of the Decedent.

_____ # _____
[signature and number of Licensed Funeral Director as Witness for Signature(s) of Authorizing Agent(s)] (printed name)

Executed at _____, this _____ day of _____, 20____.
(location)

If applicable, Name and Address of Funeral Director and Funeral Establishment that obtained the CREMATION AND DISPOSITION AUTHORIZATION FORM.

Instructions for completing the Cremation and Disposition form for Atlantic Cremation Service.

This form will print in a PDF format, you may view it on your computer but do not enter any information. It will need to be printed in its entirety and then completed and notarized before faxing back to the ACS office. We then require that the original be mailed to us.

Please read over this document carefully and if you have any questions please call the ACS office for help.

Each section that you need to complete is in **Bold** and has an **asterisk *** in front of it.

Page 1: Name, date of death, etc, please complete to the best of your knowledge

Initial where indicated

Identification may be done at the place of death and will not be necessary by you.

Page 2: Read through the cremation process and initial where indicated

Pacemakers, implants, if there are none initial in the first line, if these items are present

Initial on the second line

Page 3: Release of cremated remains in the designated manner, please indicate your preference and initial where indicated

Page 4: Please complete appropriate family information

Page 5: Please complete one section of the authorizing agent with your name printed and then signed and additional information as indicated

Page 6: If you are not signing this authorization in the presence of a staff member at ACS it will be necessary to have your signature notarized.

Once this form has been completed in its entirety please fax it to the ACS office at 910-799-5495 and then mail the original to the ACS office as soon as possible.

Atlantic Cremation Service 3132 Wrightsville Ave, Wilmington, NC 28403