



North Carolina Death Certificate Information

Decedent's full legal name

First:

Middle:

Maiden (if female):

Last:

Sex: Male Female

Decedent's Social Security Number (*required*): _____ - _____ - _____

Age:

Marital status:

Never Married Married Married but separated Divorced Widowed

If married, name of spouse *before* first marriage (include *maiden* surname):

Legal residence of decedent

Street and number:

City:

County:

State:

Zip code:

Inside city limits: Yes No

Date of death:

Location of death

Facility name or address:

City:

Inside city limits: Yes No

County, State:

Primary care physician:

Was the deceased under Hospice care: Yes No

Decedent's date of birth:

Decedent's birthplace (county and state OR foreign country):

Decedent's parents names

Father (first, middle, last):

Mother (first, middle, **maiden**):

Did the decedent serve in the US armed forces: Yes No

Decedent's occupation for most of working life (*do not put retired*):

Kind or type of business (*do not put retired*):

Hispanic origin: Yes No

If yes, please specify (i.e. Mexican, Honduran, Costa Rican, etc.):

Race (white, black, asian, etc.):

Number of years of education:

Type of diploma or degree earned

- High School Equivalent or G.E.D.
- Some college no degree
- Associates degree
- Bachelors degree
- Masters degree
- Ph.D. or Professional Degree (J.D., DDM, etc.)

Informant's (next of kin) name:

Informant's contact phone number:

Informant's relationship to deceased:

Informant's mailing address

PO Box or street number:

City:

State:

Zip:



MAPLE SPRINGS CREMATORY

PO Box 18252 Asheville, NC 28814-8252

Phone (828) 254-6197 Fax (828) 252-1622

email: maplespringscrematory@gmail.com

NORTH CAROLINA CREMATION AUTHORIZATION

1. **Individual to Be Cremated** _____
(First) (Middle) (Last)

2. (a) Date of Death _____ (b) Time of Death _____ (c) Hospice Patient? Yes / No
(N/A if Preneed)

(d) Place of Death: _____ (e) If Hospital: Inpatient _____ Outpatient/ER _____

3. Name and Signature of Individual Confirming Identity of Decedent:

(Print Name) _____ (Signature) _____

4. Name and Address of Crematory that will Perform the Cremation:

Maple Springs Crematory PO Box 18252 Asheville, NC 28814

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 leads pacemaker or any other material or implant that may be potentially hazardous to the person performing the cremation. Permission is given to remove pacemaker or any other material or implant prior to cremation and dispose of it at our discretion. _____

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.

Please fill in with name(s) of individual(s) authorized to receive the cremated remains.

8. The final disposition of the Cremated Remains is to be as follows: _____

URN OR CONTAINER (Description-Type & Number): _____ Engraved: Yes/No

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 specified in Paragraph 7 of this Cremation Authorization.

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)

10. The Authorizing Agent(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. 90-210.43 or the required documentation and record keeping.
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 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.

DISCLOSURES, WARRANTIES AND PERMISSIONS
PLEASE INITIAL ALL FIVE STATEMENTS

- _____, I/We certify that the deceased person named above has not given other specific directions concerning the disposal of his/her remains.
- _____, I/We the undersigned, hereby certify that I am the closest living next of kin of the Decedent and that I am related to the Decedent as his/her _____ or that I otherwise serve (served) in the capacity of _____ to the Decedent, that I have charge of the remains of the Decedent and as such possess full legal authority and power, according to the laws of the state to execute this authorization form and to arrange for the cremation and disposition of the cremated remains of the Decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent or sibling specified.
- _____, I/We have been offered the opportunity to personally identify the remains and assume full responsibility for the identity. I give permission for the Funeral Home to photograph an identifying mark of the deceased such as a scar, birthmark, tattoo, etc., prior to cremation for identification. This is usually done in cases of severe trauma.
- _____, I/We give my express permission for the following:
- a. The incidental or inadvertent commingling of the cremated remains.
 - b. The processing of the remains and resulting incidental commingling of the cremated remains.
 - c. The disposal by the Crematory of metal or other nonhuman material recovered to which may be affixed bone particles or other human residue.
- _____, I/We understand that if I wish to remove and/or retain any item from the remains, I must do so directly or by authorized agent prior to the cremation process.

