

Carl Barnekow Funeral Service Licensee
1002 Tapping Reeve Court, Knightdale, NC 27545-6312
919-414-9247 Fax 919-800-3394

carlbarnekow@ymail.com
<http://carlbarnekowfuneralservicelicensee.com>

The N.C. VITAL RECORDS ~ CERTIFICATE OF DEATH form should be filled out completely as this information is used for filing the death certificate.

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. THE CREMATION PROCESS IS IRREVERSIBLE AND FINAL.

The following persons that can authorize the cremation:

Health Care Power of Attorney, Spouse, *Adult Children,

*Adult Grand Children, Both living parents,

*Siblings, *nieces and nephews.

*must be more than, 51% of that group.

Please initial → _____

The cremation authorization form should read carefully, and then each person signing need to initial each lettered section and sign on the last page. Your signature must be witnessed by two people OR a notary public.

Please print the paperwork for completing Direct Cremation.

Once completed please fax, or e-mail scan all forms to our office.

The originals should be mailed back to us via regular mail.

Please feel free to call our office with any questions or concerns you may have about the paperwork.

**No Electronic Signature
Must be signed by hand**

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Office Address

1002 Tapping Reeve Court
Knightdale, NC 27545-6312

Mailing Address

4501 New Bern Avenue
Suite 130 ~ #352
Raleigh, NC 27610-1550

N.C. VITAL RECORDS ~ CERTIFICATE OF DEATH

DECEDENT'S LEGAL NAME: 1a/b/c: _____

1d. SUFFIX: _____ 1e. MAIDEN: _____

2. SEX: ___ 3a. AGE: ___ 4. DATE OF BIRTH: _____ 5. BIRTHPLACE: _____

6. DATE OF DEATH: _____ 7c. FACILITY NAME or ADDRESS: _____

7d. CITY: _____ 7e. COUNTY: _____ 27. TIME OF DEATH: _____

8. MARITAL STATUS: _____ Married _____ Married, but separated _____ Widowed
_____ Divorced _____ Never married _____ Unknown

9. SURVIVING SPOUSE (maiden name): _____

10a. DECEDENT'S OCCUPATION: _____

10b. BUSINESS/INDUSTRY: _____

11. SSN: _____ 12a. RESIDENCE—STATE OR FOREIGN: _____

12b. COUNTY: _____ 12c. CITY: _____

12d. STREET AND NUMBER: _____ 12e. CITY LIMITS: ___ Yes ___ No

12f. ZIP CODE: _____ 13. WAS DECEDENT EVER IN U.S. ARMED FORCES? ___ Yes ___ No

14. DECEDENT'S EDUCATION

(highest degree or level of school at the time of death)

- 8th grade or less
- 9th–12th grade; no diploma
- High school graduate or GED
- Some college credit, but no degree
- Associate degree (AA, AS)
- Bachelor's degree (BA, AB, BS)
- Master's degree
(MA, MS, MEng, MEd, MSW, MBA)
- Doctorate
(PhD, EdD) or (MD, DDS, DVM, LLB, JD)

15. DECEDENT OF HISPANIC

ORIGIN? (Spanish/Hispanic/Latino)

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino
(Specify) _____

16. DECEDENT'S RACE

- White Black or African American
- American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- Asian Indian Japanese Chinese
- Korean Filipino Vietnamese
- Other Asian (Specify) _____
- Native Hawaiian Samoan
- Guamanian or Chamorro
- Other (Specify) _____

17. FATHER'S NAME: _____

18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: _____

19a. INFORMANT'S NAME: _____ 19b. RELATIONSHIP: _____

19c. MAILING ADDRESS: _____

19d. PHONE HOME: _____ CELL: _____

20b. PLACE OF DISPOSITION: _____ 20c. LOCATION: _____

NORTH CAROLINA BOARD OF FUNERAL SERVICE
STANDARD CREMATION AUTHORIZATION FORM

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION.
THE PROCESS IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

Name of Individual for which cremation is being arranged ("Decedent")

_____/_____/_____/_____
Date of Birth / Date of Death / Time of Death / Age *(Name of Hospice Unit)*

Place of Death: _____ Hospice (Yes or No): _____

Medical Examiner's Authorization Required (Yes or No): _____ Death Due to an Infectious Disease (Yes or No): _____

Individual Confirming Identity of Decedent:

(Typed / Printed Name) / _____
(Signature)

A. The undersigned (hereinafter referred to as "Authorizing Agent(s)") hereby certify, warrant, and represent that I/we have the full legal right and authority to authorize and arrange for the cremation and final disposition of _____ (hereinafter referred to as "Decedent"); Authorizing Agent(s) is (are) not aware of any living person who has a superior right to that of 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 Authorizing Agent(s), Authorizing Agent(s) represent that 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(s) would object to the cremation of Decedent.

Name(s) of person(s) attempted to be contacted:

B. If Authorizing Agent(s) is/are aware of any other living person(s) with equal right to that of Authorizing Agent(s), Authorizing Agent(s) hereby certify, warrant, and represent that Authorizing Agent(s) has (have) either disclosed the location of all living persons with equal right to that of 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 Authorizing Agent(s).

C. If Decedent's cremation involves a licensed funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2):

I / We hereby request and authorize: Carl Barnekow Funeral Service Licensee
(hereinafter referred to as "Funeral Provider") whose address is:

1002 Tapping Reeve Court, Knightdale, NC 27545-6312

to take possession of Decedent's human remains and make arrangements for cremation at:

a crematory licensee (hereinafter referred to as "Crematory Licensee") whose address is:

in accordance with and subject to: (a) the terms and conditions set forth in this Authorization; (b) any applicable state or local laws, rules, and regulations; and (c) the rules and regulations of said Funeral Provider and/or Crematory Licensee.

Acknowledgement: By initialing below, I/We hereby acknowledge each item set forth in Sections A through C above.

Initials of Authorizing Agent(s)

D. If Decedent's cremation **does not** involve a funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2):

I/We hereby authorize: _____
(hereinafter referred to as "Crematory Licensee") whose address is:

_____ to take possession Decedent's human remains and make arrangements for cremation in accordance with and subject to: (a) the terms and conditions set forth in this Authorization; (b) any applicable state or local laws, rules, and regulations; and (c) the rules and regulations of said Crematory Licensee.

E. Unless specifically permitted by G.S. 90-210.129(h), cremation will be performed individually. Due to the nature of cremation, valuable materials may not be recoverable. In the event that there are such valuable items I/we wish to retain, it is my/our responsibility to remove them or have them removed from Decedent's remains **prior** to cremation. Body prostheses, dental bridgework, or dental fillings within Decedent's remains may either be destroyed or may not be recoverable. Accordingly, Authorizing Agent(s) represent and warrant to Crematory Licensee that such materials have been removed from Decedent's remains or, if not, that they may be removed from Decedent's remains and disposed of by Crematory Licensee or may be destroyed by cremation.

F. **Cremation** begins with the placement of the cremation container into the cremation chamber where it is subject to intense heat and flame reaching temperatures of 1400 to 1800 degrees Fahrenheit. I/We hereby authorize Crematory to cremate Decedent's human remains. Following a cooling period, the cremated remains are then swept or raked from the cremation chamber. Cremated remains, depending on the bone structure of the decedent, will weigh approximately 4 to 8 pounds, and are usually white in color, but can be other colors due to temperature variations and other factors.

G. **Cremated remains** consist primarily of bone fragments, which are processed or pulverized to permit their placement in an initial container or other suitable container. I/We hereby authorize Crematory Licensee to process and/or pulverize Decedent's cremated remains. Unless another container type is purchased for the cremated remains of Decedent, Crematory Licensee will place the cremated remains in an initial container that may not be recommended for any type of shipment. In the event the capacity of the initial container or any other container is insufficient to accommodate all of the cremated remains of Decedent, a separate initial container will be used and returned to the person(s) designated in Paragraph O of this Authorization.

H. Even with the exercise of reasonable care and the use of Crematory Licensee's best efforts, it is not possible to recover all particles of the cremated remains of Decedent; some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process (pulverize) the cremated remains. I/we hereby authorize Crematory Licensee to dispose of any such residual particles in any lawful manner it deems appropriate.

I. Unless otherwise specifically approved for cremation or by the manufacturer or proper regulating agency, pacemakers or other mechanical devices may create a hazardous condition when placed in a cremation chamber. Crematory Licensee will not, therefore, cremate any human remains which contain any type of hazardous implanted mechanical device. In the event the remains of Decedent do contain such a device, Authorizing Agent(s) hereby authorize and instruct Funeral Provider or when not applicable, Crematory Licensee, its agents and employees to remove any and all hazardous mechanical devices from Decedent prior to the cremation process. Any such removal must be carried out in accordance to the manufacturer's guidelines and any applicable law or rule.

TO THE BEST OF THE KNOWLEDGE OF AUTHORIZING AGENT(S), THE REMAINS OF DECEDENT:

DO (_____) DO NOT (_____) **CONTAIN A PACEMAKER THAT IS NOT APPROVED FOR CREMATION BY THE PACEMAKER'S MANUFACTURER OR PROPER REGULATING AGENCY.**

AUTHORIZING AGENT(S) CERTIFY THAT TO THE BEST OF HIS/HER/THEIR KNOWLEDGE, THE REMAINS OF DECEDENT:

DO (_____) DO NOT (_____) CONTAIN ANY TYPE OF HAZARDOUS IMPLANTED MECHANICAL DEVICE.

Acknowledgement: By initialing below, I/We hereby acknowledge each item set forth in Sections D through I above.

Initials of Authorizing Agent(s)

- J. Crematory Licensee reserves the right to reject a cremation container not suitable for cremation. Remains received in an unsuitable cremation container may be removed prior to cremation and placed in a suitable container; and Crematory Licensee reserves the right to dispose of such noncombustible container(s) at its sole discretion. Crematory Licensee is authorized to remove and discard handles or any other items attached to the cremation container which may cause damage to the cremation chamber.
- K. If no final disposition is given, the cremated remains of Decedent will be held by Funeral Provider or if not applicable, Crematory Licensee, for 30 days before they are disposed of, unless the cremated remains of Decedent are received from Funeral Provider or if not applicable, Crematory Licensee, prior to that time, in person, by Authorizing Agent(s) or his/her/their designee.
- L. I/We authorize Funeral Provider or if not applicable, Crematory Licensee, to return the cremated remains of Decedent according to my/our directive(s) below. I/We understand that the services and obligations of Crematory Licensee shall be fulfilled when the cremated remains of Decedent are returned to the possession and custody of Funeral Provider, if applicable. I/We hereby authorize Funeral Provider or if not applicable, Crematory Licensee, to arrange for the disposition of the cremated remains of Decedent as follows (complete appropriate disposition):

1. _____ Deliver the cremated remains of Decedent to:
 _____ cemetery,
 with which arrangements have already been made for the cremated remains of Decedent to be:
 _____.

2. _____ Delivery of the cremated remains of Decedent to the US Postal Service for shipment via Registered, Return Receipt mail to: _____
 whose address is _____.

3. Release the cremated remains of Decedent to the following designated person(s):

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

Special instructions to be followed: _____

4. _____ Other (Describe): _____

M. Authorizing Agent(s) understand(s) that after this Standard Cremation Authorization Form is executed, Authorizing Agent(s) can only revoke the authorization and instruct Funeral Provider and/or Crematory Licensee to cancel the cremation and to release or deliver Decedent's remains to another funeral provider and/or crematory licensee by providing such instructions to Crematory Licensee in writing prior to the commencement of cremation. Crematory Licensee shall honor these instructions provided that it receives such instructions prior to commencement of the cremation of Decedent's human remains.

Acknowledgement: By initialing below, I/We hereby acknowledge each item set forth in Sections J through M above.

Initials of Authorizing Agent(s)

N. Pursuant to G.S. 90-210.125(c), a crematory licensee shall have the legal right to cremate human remains upon the receipt of a cremation authorization form signed by an authorizing agent. There shall be no liability for a crematory licensee that cremates human remains pursuant to such authorization, or that releases or disposes of the cremated remains pursuant to such authorization, except for such crematory licensee's gross negligence, provided that the crematory licensee performs such functions in compliance with the provisions of NC General Statutes Chapter 90, Article 13F. There shall be no liability for a funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2) or licensee thereof that causes a crematory licensee to cremate human remains pursuant to such authorization, except for gross negligence, provided that the funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2) and licensee thereof and crematory license perform their respective functions in compliance with the provisions of G.S. 90-210.125.

O. If this Standard Cremation Authorization Form is being executed on a preneed basis:

1. By placing his or her initials in the appropriate line, Authorizing Agent indicates his or her election of said option:

_____ 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.

_____ 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)

2. Authorizing Agent may specify in writing religious practices that conflict with Article 13 of Chapter 90 of the North Carolina General Statutes. Funeral Provider and/or Crematory Licensee shall observe these religious practices except where they interfere with: (i) cremation in a licensed crematory as specified under G.S. 90-210.123 or (ii) the required documentation and record keeping.

(Religious practices which conflict with Article 13 of Chapter 90 of the North Carolina General Statutes)

By executing this Standard Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements, except for Sections C or D and Section I, if that information is unknown to Authorizing Agent(s), contained on this form are true and correct, that these statements were made to induce Crematory Licensee to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on this form.

SIGNATURE OF AUTHORIZING AGENT(S) FOR CREMATION OR AND FINAL DISPOSITION

Authorizing Agent: _____ / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: _____ Phone: _____

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Authorizing Agent: _____ / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: _____ Phone: _____

Address: (Street) (City) (State) (Zip)

Authorizing Agent: _____ / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: _____ Phone: _____

Address: (Street) (City) (State) (Zip)

Authorizing Agent: _____ / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Relationship to decedent: _____ Phone: _____

Address: (Street) (City) (State) (Zip)

NOTICE FOR PRENEED CREMATION ARRANGEMENTS:

Per G.S. 90-210.126, “[a]ny person, on a preneed basis, may authorize the person’s own cremation and the final disposition of the person’s cremated remains by executing, as authorizing agent, a cremation authorization form on a preneed basis and having the form signed by two witnesses.”.

WITNESSES

Two (2) witnesses are required if this Standard Cremation Authorization Form was executed on a preneed basis. Witnesses are not required by law if this Standard Cremation Authorization Form was executed on an at-need bases. However, some funeral providers and/or crematory licensees may require two (2) witnesses if this Standard Cremation Authorization Form was not signed by the authorizing agent(s) in the presence of a funeral director/funeral service licensee or a crematory licensee representative.

Witness: _____ / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Address: (Street) (City) (State) (Zip)

Witness: _____ / _____
(Typed / Printed Name) (Signature)

Date of Signature: _____ Time of Signature: _____

Address: (Street) (City) (State) (Zip)

INFORMACIÓN DEL ACTA DE LA MUERTE ~ COMPLETO EN INGLÉS

NOMBRE: 1a. NOMBRE: _____ 1b. SEGUNDO NOMBRE: _____

1c. La NOMBRE _____ 1d. _____ 1e. NOMBRE de SOLTERA: _____

2. SEXO: _____ 3a. EDAD: _____ 4. FECHA DE NACIMIENTO: _____

5. LUGAR DE NACIMIENTO: _____

6. FDF: _____ 7c. LUGAR / MUERTE: _____

7d. CIUDAD: _____ 7e. CONDADO / MUERTE: _____

27. TIEMPO DE MUERTE: _____

8. **ESTADO CIVIL:** _____ CASADO _____ CASADO, PERO SEPARADOS _____ VIUDA
_____ DIVORCIADOS _____ NUNCA se ha CASADO

9. NOMBRE DEL CÓNYUGE (NOMBRE de SOLTERA): _____

10a. TIEMPO de VIDA OCUPACIÓN: _____

10b. NEGOCIOS / INDUSTRIA: _____

11. SSN: _____ 12a. **DOMICLLIO** ~ **ESTADO O EXTRANJERA:** _____

12b. CONDADO / MUERTE: _____ 12c. CIUDAD: _____

12d. DIRECCIÓN: _____ 12e. LIMITES CIUDAD: _____

12f. CÓDIGO POSTAL: _____ 13. FUERZAS ARMADAS U.S.: _____

14. **DIFUNTO DE EDUCACIÓN** (más alto grado o nivel escolar en el momento de la muerte)

- Octavo grado o menos
- Grado 9 al 12; sin diploma
- Graduado de escuela secundaria o GED
- Algunos créditos universitarios, pero sin título
- Título de (AA, AS)
- Licenciatura (BA, AB, BS)
- Maestría
(MA, MS, MEng, MEd, MSW, MBA)
- Doctorado
(PhD, EdD) or (MD, DDS, DVM, LLB, JD)

15. **FALLECIDO de Origen hispano?** (Español / hispano / latino)

- No, no es español / hispano / latino
- Sí, mexicano, mexicano-americano, chicano
- Sí, Puerto Rico
- Sí, Cubano
- Sí, otro grupo español / hispano / latino

(Especificar): _____

16. **ESPECIFICAR**

- Blanco Negro o Afroamericano
- Indio Americano o de Alaska
- Nativo (Nombre de la tribu inscrito o principal) _____
- India Asiática Japonés Chino
- Korean Filipino Vietnamese
- Otra Asiática (Especificar) _____
- Nativo de Hawai Samoan
- Guam o Chamorro
- Otras islas del Pacífico (Especificar)

17. NOMBRE DEL PADRE: _____

18. NOMBRE DE LA MADRE ANTES DE PRIMER MATRIMONIO: _____

19a. **FAMILIAR EN EUA:** _____ 19b. RELACIÓN: _____

19c. DIRECCIÓN DE CORREO: _____

19d. TELÉFONO INICIO _____ TELÉFONO CELULAR: _____

20b. **LUGAR DE DESTINO:** _____

20c. **DOMICLLIO** ~ **ESTADO O EXTRANJERA:** _____

RECEPCIÓN DE LA CASA FUNERARIA: _____

DIRECCIÓN DE CORREO: _____