

NORTH CAROLINA BOARD OF FUNERAL SERVICE

STANDARD ALKALINE HYDROLYSIS AUTHORIZATION FORM

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

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

Date of Birth

Date of Death

Time of Death

Age

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 alkaline hydrolysis (hereinafter "hydrolysis") 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 alkaline hydrolyzation 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 hydrolysis involves a licensed funeral establishment or individual licensed pursuant to G.S. 90-210.25(a2)(2):

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

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

, a hydrolysis licensee (hereinafter referred to "Hydrolysis 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 Hydrolysis 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 hydrolysis **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 “Hydrolysis Licensee”) whose address is:

_____ to take possession Decedent’s human remains and make arrangements for hydrolysis 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 Hydrolysis Licensee.

E. Unless specifically permitted by G.S. 90-210.129(h), hydrolysis will be performed individually.

F. Personal or valuable items to be returned to Authorizing Agent(s): _____

Delivery Instructions: _____

G. **Hydrolysis** begins with the placement of the hydrolysis container into the hydrolysis chamber where it will be subjected to pressurized, heated water and chemical solutions. I/We hereby authorize Hydrolysis Licensee to hydrolyze Decedent’s human remains. At the conclusion of the hydrolysis process, the hydrolyzed remains are removed from the hydrolysis chamber and allowed to cool and dry before pulverization. The process results in considerably more remains being returned than cremation and may require a larger initial container or urn than would be necessary for cremation.

H. **Hydrolyzed remains** are processed or pulverized to permit their placement in an initial container or other suitable container. I/We hereby authorize Hydrolysis Licensee to process and/or pulverize Decedent’s hydrolyzed remains. Unless another container type is purchased for the hydrolyzed remains of Decedent, Hydrolysis Licensee will place the hydrolyzed 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 hydrolyzed remains of Decedent, a separate initial container will be used and returned to the person(s) designated in Paragraph L of this Authorization.

I. Unless specifically prohibited by the manufacturer thereof, human remains may be hydrolyzed without first removing a pacemaker, other material, or implanted device(s). Hydrolysis Licensee will not; however, hydrolyze 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, Hydrolysis Licensee, its agents and employees to remove any and all hazardous mechanical devices from Decedent prior to the hydrolysis process. Any such removal must be carried out 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 HYDROLYSIS BY THE PACEMAKER’S MANUFACTURER.**

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.

J. Hydrolysis Licensee reserves the right to reject a hydrolysis container that is not biodegradable. Remains received in a non-biodegradable container may be removed prior to hydrolysis and placed in a suitable container; and Hydrolysis Licensee reserves the right to dispose of such non-biodegradable container at its sole discretion. Hydrolysis Licensee is authorized to remove and discard any items attached to the hydrolysis container which may cause damage to the hydrolysis chamber.

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

Initials of Authorizing Agent(s)

- K. If no final disposition is given, the hydrolyzed remains of Decedent will be held by Funeral Provider or if not applicable, Hydrolysis Licensee, for 30 days before they are disposed of, unless the hydrolyzed remains of Decedent are received from Funeral Provider or if not applicable, Hydrolysis 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, Hydrolysis Licensee, to return the hydrolyzed remains of Decedent according to my/our directive(s) below. I/We understand that the services and obligations of Hydrolysis Licensee shall be fulfilled when the hydrolyzed 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, Hydrolysis Licensee, to arrange for the disposition of the hydrolyzed remains of Decedent as follows (complete appropriate disposition):

1. _____ Deliver the hydrolyzed remains of Decedent to: _____ cemetery, with which arrangements have already been made for the hydrolyzed remains of Decedent to be: _____.
2. _____ Delivery of the hydrolyzed remains of Decedent to the US Postal Service for shipment via Registered, Return Receipt mail to: _____ whose address is _____.
3. Release the hydrolyzed 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 Alkaline Hydrolysis Authorization Form is executed, Authorizing Agent(s) can only revoke the authorization and instruct Funeral Provider and/or Hydrolysis Licensee to cancel the hydrolysis and to release or deliver Decedent's remains to another funeral provider and/or hydrolysis licensee by providing such instructions to Hydrolysis Licensee in writing prior to the commencement of hydrolysis. Hydrolysis Licensee shall honor these instructions provided that it receives such instructions prior to commencement of the hydrolysis of Decedent's human remains.

N. Pursuant to G.S. 90-210.125(c), a hydrolysis licensee shall have the legal right to hydrolyze human remains upon the receipt of a hydrolysis authorization form signed by an authorizing agent. There shall be no liability for a hydrolysis licensee that hydrolyzes human remains pursuant to such authorization, or that releases or disposes of the hydrolyzed remains pursuant to such authorization, except for such hydrolysis licensee's gross negligence, provided that the hydrolysis 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 hydrolysis licensee to hydrolyze 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 hydrolysis licensee perform their respective functions in compliance with the provisions of G.S. 90-210.125.

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

Initials of Authorizing Agent(s)

O. If this Standard Alkaline Hydrolysis 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 hydrolysis 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 hydrolysis and selecting alternative arrangements or continuing to honor my wishes for hydrolysis 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 Hydrolysis Licensee shall observe these religious practices except where they interfere with: (i) hydrolyzation in a licensed hydrolysis provider as specified under G.S. 90-210.136 or (ii) the required documentation and record keeping.

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

SIGNATURE OF AUTHORIZING AGENT(S) FOR HYDROLYSIS AND FINAL DISPOSITION

By executing this Standard Alkaline Hydrolysis Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements, except for Sections C or D and Sections 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 Hydrolysis Licensee to hydrolyze the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on this form.

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 HYDROLYSIS 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.”. Per G.S. 90-210.136, “[t]he hydrolysis of human remains shall be conducted in compliance with all requirements for cremation[.]”.

WITNESSES

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

NOTARY

A notary is not required by law. However, some funeral providers and/or hydrolysis licensees may require a notary if this Standard Alkaline Hydrolysis Authorization Form is not signed by the authorizing agent(s) in the presence of a funeral director/funeral service licensee or a hydrolysis licensee representative.

STATE OF _____, COUNTY OF _____

I certify that _____ personally appeared before me this day, acknowledging to me that he or she signed the foregoing Standard Alkaline Hydrolysis Authorization Form.

_____, Notary Public / _____
Notary’s typed of printed name Signature of Notary

My commission expires: _____

(Official Seal)

REPRESENTATIONS OF FUNERAL DIRECTOR / FUNERAL SERVICE LICENSEE

By executing this authorization form as a funeral director or funeral service licensee and an agent / employee of Funeral Provider, I warrant to the best of my knowledge that (1) Funeral Provider was responsible for making arrangements with Authorizing Agent(s) for the hydrolysis of Decedent and that I have reviewed this authorization form with Authorizing Agent (s); (2) that no employee of Funeral Provider has any knowledge or information that would lead it to believe that any of the answers provided on this form, by Authorizing Agent(s), are incorrect; (3) that the human remains delivered to Hydrolysis Licensee and represented as the human remains specified on this form are in fact the human remains that were identified to Funeral Provider as Decedent; and (4) that Funeral Provider obtained all necessary permits authorizing the hydrolysis of Decedent, including approval from the Office of the Chief Medical Examiner, if required. I understand that failure to complete this authorization in its entirety and other required documentation will result in the delay of the hydrolysis of Decedent.

Funeral Director or Funeral Service Licensee: _____
(Typed / Printed Name) (License No.)

(Signature) (Date of Signature)

REPRESENTATIONS OF HYDROLYSIS LICENSEE

(To be completed by hydrolysis licensee when no funeral provider involved)

By executing this authorization form as an agent / employee of Hydrolysis Licensee, I warrant to the best of my knowledge that (1) Hydrolysis Licensee was responsible for making arrangements with Authorizing Agent(s) for the hydrolysis of Decedent and that I have reviewed this authorization form with Authorizing Agent(s); (2) that no employee of Hydrolysis Licensee has any knowledge or information that would lead it to believe that any of the answers provided on this form, by Authorizing Agent(s), are incorrect; and (3) that Hydrolysis Licensee obtained all necessary permits authorizing them hydrolysis of Decedent, including approval from the Office of the Chief Medical Examiner, if required. I understand that failure to complete this authorization in its entirety and other required documentation will result in the delay of the hydrolysis of Decedent.

Representative of Hydrolysis Licensee: _____
(Typed / Printed Name)

(Signature) (Date of Signature)

FOR HYDROLYSIS LICENSEE USE ONLY

Hydrolysis approved by: _____

Date: _____ Special Instructions: _____
