

NORTH CAROLINA BOARD OF FUNERAL SERVICE

REQUEST FOR COPY OR COPIES OF PRENEED CONTRACT DOCUMENTS

Section 1: Preneed Contract Purchaser (the "Purchaser")

- 1. Name:
2. Email:
3. Phone:
4. Address / City / State / Zip:

Section 2: Preneed Contract Beneficiary (the "Beneficiary")

- 1. Name:
2. Email:
3. Phone:
4. Address / City / State / Zip:

Section 3: Original Contacting Preneed Funeral Establishment (the "Contracting Firm")

- 1. Name:
2. Email:
3. Phone:
4. Address / City / State / Zip:

Section 4: **Successor Funeral Establishment (the "Successor Firm")

**Successor Firm must be licensed as a preneed funeral establishment if transfer made prior to beneficiary's death.

- 1. Name:
2. Email:
3. Phone:
4. Address / City / State / Zip:

Section 5: Name of Individual Making Request (the "Undersigned")

- 1. Name:
2. Email:
3. Phone:
4. Address / City / State / Zip:

Section 6: Authority on which this request is being made if the Undersigned is not also the Purchaser, Beneficiary, or Contracting Firm:

Section 7: Individual / Entity to Receive Requested Items

By placing my initials next to the applicable space below I, the Undersigned, hereby give express permission and consent for the N.C. Board of Funeral Service ("the Board") to release the any preneed contract and statement of funeral goods and services selected on file for the Beneficiary, as directed. I understand any document supplied will be electronically transmitted to the email address provided. Board staff will gladly mail preneed contract documents at a charge of \$0.25 per copy, prepaid.

- Empty box: Please provide a copy of the preneed contract and statement of funeral goods and services to me, the Undersigned.
Empty box: Please provide a copy of the preneed contract and statement of funeral goods and services selected to the Contracting Firm.
Empty box: Please provide a copy of the preneed contract and statement of funeral goods and services selected to the Successor Firm.

Section 8: At-Need Deaths

By initialing here I, the Undersigned, attest that this request is being made for the purposes of obtaining preneed contract information for a preneed contract beneficiary whose death has already occurred.

By signing below I, the Undersigned, hereby acknowledge that I am duly authorized to make this request acting in my capacity as: (i) Purchaser; (ii) the Beneficiary; (iii) a representative of the Contracting Firm; or (iv) the individual(s) legally authorized to make final disposition arrangements for the Beneficiary and he or she did not prohibit the substitution of his or her selection of funeral provider, as permitted under N.C. Gen. Stat. § 90-210.63A9(b).

Signed this ___ day of ___, 20___ at ___. (Day) (Month) (Year) (City) (State)

Signature of Individual Authorized to Make Request