North Carolina
Appointment of Agent for Body Disposition and Authorization for Cremation

Pursuant to the powers granted me by § 90-210.126 of the North Carolina Statutes,

I,_____, declare my wish to be cremated, and I appoint

_____, as an authorized agent to carry out my wishes at the

time of death. No other person, regardless of degree of kinship to me, shall usurp

this authority.

(Mark one of the following choices)

___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.

(You may list your authorizing agent below if you wish to give him/her the power to alter your final arrangements. Or, you may leave these lines blank)

_____
survivor / authorized agent

_____
(Other individual)

Signed_____ Date_____
Your signature

Witness_____

Witness_____