



Instructions for Cremation Authorization

Please call (336) 722-6122 with questions.

Please either fax to (336) 722-6922 OR email to info@salemfh.com once completed

Page One

Please check the name. The name should be the full name that we place on the death certificate. Also check the date of death and date of birth, time of death, and age at death. Please confirm the place of death, if hospice was involved, if a medical examiner was required, or if the death was due to an infectious disease.

The individual that is going to make a positive ID will need to print and sign the document, this is right above paragraph (A)

Paragraph (A)- Confirm the name of the decedent is written the same way in this box as it is at the box at the top of the page. If there are authorizing agent(s) that the family cannot get in touch with please place the name(s) in the box's provided at the bottom of paragraph (A)

Paragraph (B)- Please Read

Paragraph (C)- note that these addresses are the funeral home and crematory address. All authorizing agent(s) initial at the bottom of Paragraph (C)

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Paragraph (D) -please read

Paragraph (E), (F),(G), (H),- Please read

Paragraph (I) – Please indicate if the decedent has a pacemaker or an implanted mechanical devise. All authorizing agent(s) initial at the bottom of Paragraph (I)

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Paragraph (J), (K)- please read

Paragraph (L)- Delivery of cremated remains; (1) Please note where the cremated remains will be delivered and if they will be buried, placed in a niche, scattered, or any other forms.(2) If the ashes are to be sent via the Postal Service please indicate the address of both the return receipt and address of the recipient. (3) Please note all the individuals that could pick up the cremated remains, and if there are special instructions to be followed (i.e if the ashes are going to be split up)

Paragraph (M)- All authorizing agent(s) initial at the bottom of Paragraph (M)

Page Four, Five, and Six

Paragraph (N)-please read

Paragraph (O)- This is for pre-need purposes. If you want to explicitly express your desire for cremation, this section allows for this.

Authorizing agent(s)

In this section the authorizing agent(s) will need to print, sign, date of signature, time of signature, relationship to decedent, phone number, and address. There are four places for each authorizing agent(s) if there are more than four, we can get you another form.

Witnesses

This form could be completed at either our funeral homes or any other funeral home and if a funeral director signs the document then it would not need to be witnessed. If this form is signed at any other place, it will need to be either witnessed by two people OR notarized. The witnesses need to be considered an adult.

Representation from a funeral director/ funeral service licensee

Funeral Director/licensee must print, write in license number, sign, and date.