

NORTH CAROLINA BOARD OF FUNERAL SERVICE
NC CREMATORY AUTHORITY

RECORD OF CREMATION

Name of Crematory

Decedent _____
 First Middle Last

Permanent Identification number assigned to remains: _____

Decedent is in what type of cremation container? _____

Decedent was placed into cremation chamber at _____ on _____
 (Time) (Date)

Decedent was placed into cremation chamber by _____

The cremated remains were retrieved from the cremation chamber at _____ on _____
 (Time) (Date)

The cremated remains were processed at _____ on _____
 (Time) (Date)

Type of container to place cremated remains in:

Printed name and signature of person who processed cremated remains and placed into container:

NOTE: This form must be retained by the crematory licensee in its permanent records for three years.