NORTH CAROLINA BOARD OF FUNERAL SERVICE NC CREMATORY AUTHORITY

DELIVERY OF CREMATED REMAINS (From Crematory)

Name of Crematory	

	,	
Decedent		
	liddle	Last
Permanent Identification number assigned to remain the second of the sec		
Date and Time of Release		
Delivered to		
(Printed Name of	Recipient an	d Place of Receipt)
who is affiliated with		
(Name of Funeral Establishmen	it, Cemetery,	or Other Entity, If Applicable
Delivered By		
(Authorized Representati	ve)	
(Signature of Authorized Depresentative)		:
(Signature of Authorized Representative)	•	ignature of Recipient)
Shipped to*(Na		
(Na		
(A	ddress)	
Special Handling (Describe)		
* If the cremated remains are mailed, affix Posta	al Receipt He	ere

NOTE: This original receipt is to be furnished to the person who received the cremated remains. A copy of this receipt must be retained by the crematory licensee in its permanent records for three years.

Form BFS-56C (01/09)

¹ Note: If the cremated remains are mailed, postal return receipt is acceptable in lieu of signature of recipient.