NORTH CAROLINA BOARD OF FUNERAL SERVICE NC CREMATORY AUTHORITY

Decedent				
	(First)	(Middle)	(Last)	
Date of Death	Time of Death			
SECTION 1- RECEIPT OF HUM/				
Remains Delivered to				Crematory
	(Name an	d License Number of Crematory)		-
Name and Signature of person	delivering remains:			
who is affiliated with				
	(Name of Fun	neral Establishment or Other Entity	y)	
Type of casket or cremation co	ontainer:			
Name and signature of person	receiving remains for cre	ematory		
Permanent Identification numb	ber assigned to remains:			
SECTION 2- RECORD OF CREM	1ATION_			
Date and time remains placed	into cremation chamber:			
By: (Name and Signature)				
Date and time cremated remain	ns retrieved from cremati	on chamber		
By: (Name and Signature)				_
Date and time cremated remain	ns processed			
By: (Name and Signature)				
Type of container to place crea	mated remains in:			
SECTION 3 - DELIVERY OF CRE	EMATED REMAINS (From	Crematory)		
Delivered to				
	(Name of Funeral Establi	shment, Cemetery, or Other Entity	y, If Applicable)	
Name and signature of person	receiving cremated rema	ins:		
Date and Time of Release				
Name and signature of person	delivering cremated rema	ains for the crematory entered in S	SECTION 1:	
	-	receipt*		

* If the cremated remains are mailed, postal return receipt is acceptable in lieu of signature of recipient. NOTE: A copy of this form is to be furnished to person who delivered the remains to the crematory as listed in SECTION 1 and to the person who received the cremated remains as listed in SECTION 3. A copy of this receipt must be retained by the crematory licensee in its permanent records for three years.