



**MONTHLY CREMATION REPORT**

**Due by the 10<sup>th</sup> of the month**

**Month/Year:** \_\_\_\_\_

**Name of Crematory:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**License Number of Crematory:** \_\_\_\_\_

North Carolina Board of Funeral Service

1033 Wade Ave. Suite 108

Raleigh, NC 27605-1158

Phone Number: 919-733-9380

Number	Decedent's Name	Date of Death	Date of Cremation	Name of Entity Cremation Performed on behalf of	Name of Authorizing Agent(s)	Fees
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

**Total Number of Cremations:**

**Total Amount of Fees:**

Signature of Authorized Representative of the Crematory: \_\_\_\_\_