

NORTH CAROLINA BOARD OF FUNERAL SERVICE

CREMATION CHECK-LIST

- Cremation Authorization Form (filled out completely)

\_\_\_\_\_ (initials)

- For deaths occurring in North Carolina:

A. A death certificate signed by attending physician or medical examiner and containing:

- |                     |                   |   |
|---------------------|-------------------|---|
| 1. Name of Decedent | 2. Date of Death  | 3. Date of Birth                            |
| 4. Sex              | 5. Place of Death | 6. Facility (street address if no facility) |
| 7. County of Death  | 8. City of Death  | 9. Time of Death (if known)                 |

\_\_\_\_\_ (initials)

B. ME authorization form (when required by law)

\_\_\_\_\_ (initials)

- For deaths occurring in another jurisdiction:

A. A copy of the burial-transit permit or disposal permit issued by the state, province, or foreign government in which death occurred.

B. ME authorization form (when required by law)

\_\_\_\_\_ (initials)

- Fetal death report (required for all fetal deaths occurring at greater than 20 weeks gestation)

\_\_\_\_\_ (initials)

- Confirmation of fetal death for cremation (BFS form 56F1 required for all fetal deaths occurring at less than 20 weeks gestation)

\_\_\_\_\_ (initials)

- Authorization for cremation of amputated body parts (BFS form 56E1)

\_\_\_\_\_ (initials)

- Consolidated Receipt Form (BFS Form 56G1)

\_\_\_\_\_ (initials)

- Receipt of Remains by crematory licensee (BFS Form 56A1 – not used if using BFS Form 56G1)

\_\_\_\_\_ (initials)

- Cremation container (cardboard box) must contain:
 

1. Name of Decedent	2. Date of Death
3. Sex	4. Age

  
 \_\_\_\_\_(initials)
  
- Record of cremation (BFS Form 56B1 – not used if using BFS Form 56G1)
   
 \_\_\_\_\_(initials)
  
- Certificate of cremation must contain:
 

1. Name of Decedent	2. Date of Cremation
3. Name and Address of Crematory Licensee	4. Signature of Crematory Manager

  
 \_\_\_\_\_(initials)
  
- Label for attachment to initial container must contain:
 (must also be attached to cardboard box containing initial container, if applicable)
 

1. Name of Decedent	2. Date of Cremation	3. Name of Crematory Licensee
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 \_\_\_\_\_(initials)
  
- ID tag placed in initial container for cremated remains to be interred/entombed
 

1. Name of Decedent	2. Date of Death	3. Decedent’s Social Security #
4. County and State of Death	5. Site of Interment / Entombment	
  
- Delivery of cremated remains from crematory licensee (BFS Form 56C1 – not used if using BFS Form 56G1)
   
 \_\_\_\_\_(initials)
  
- Delivery of cremated remains from funeral provider (BFS Form 56D1)
 (Must be completed by Funeral Establishment or Unaffiliated Practitioner delivering cremated remains. **If crematory and funeral provider share common ownership and are located on a contiguous piece of property; BFS Form 56C1 or 56G1 may be used in lieu of BFS Form 56D1.**)
   
 \_\_\_\_\_(initials)
  
- Enter cremation information on monthly report
 (Must be submitted to Board on/before 10<sup>th</sup> day of each month along with \$10 cremation fee per cremation)
   
 \_\_\_\_\_(initials)