

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 copy of the burial-transit permit issued by the jurisdiction where death occurred and one of the following:

1. A death certificate from the other jurisdiction that meets the same content and signature requirements had the death occurred in North Carolina.
2. Any document or certificate required to authorize cremation in the jurisdiction where the death occurred that is signed by a physician, medical examiner, or other authorized person and contains each of the items that are required to appear on a death certificate had the death occurred in North Carolina.

_____ (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 |
|---------------------|----------------------|-------------------------------|

_____ (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. BFS Form 56D1 must be used by all Funeral Establishments and Unaffiliated Practitioners without regard to whether or not BFS Form 56G1 was completed by a crematory licensee.)

_____ (initials)

- Enter cremation information on monthly report

(Must be submitted to Board on/before 10th day of each month along with \$10 cremation fee per cremation)

_____ (initials)