

North Carolina Department of Health & Human Services Division of Public Health

Office of the Chief Medical Examiner

Raleigh, North Carolina 27699-3025 Telephone 919-743-9000 FAX 919-743-9099

AUTHORIZATION FOR CREMATION

Requirements: This certification is required for all bodies to be cremated *EXCEPT*:

- Medical Examiner cases.
- Persons less than 24 hours of age.
- Inpatients (not ER patients) in a licensed hospital.
- Patients in a licensed nursing home (not rest home).
- Persons who die under the care of a licensed Hospice.
- Persons who died in another state and that state has given written authorization for cremation.
- Persons who died in another state and whose death would not have required ME authorization for Cremation had the death occurred in North Carolina.

Decedent Information:

	First	Middle	Last	Age	Race	Sex	
Death:							
	Date	City		County		State	
Attendin	g Physician Cert	ifying Death:			Spoke to Physician	ı	
	Name				Reviewed Death Certificate		
	1.000				Other		
City		Sta	nte				
Cause of D	eath						
Applican	ıts						
Funeral Hon	ne	Crema	tory				
Certificat	tion						
I certify th	at I viewed the body s my opinion that th	of this decedent and e death has been prop					
- <i>y</i>	J						
Ma	dical Examiner's Signature	Date	_	Cour	nty of Appointment	_	

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DHHS FORM 1181 - AUTHORIZATION FOR CREMATION

PURPOSE:

To document a medical examiner's authorization for cremation when the death is NOT a medical examiner case (as defined by GS 130A-383 or 130A-384) in compliance with the provisions of Chapter 90, Articles 13A and 13F and GS 130A-388 of the North Carolina General Statutes.

PREPARATION:

All appropriate information is entered on the form. The medical examiner signs the form, certifying that there are no medicolegal objections to cremation.

DISTRIBUTION:

Copies of the completed form are retained by the medical examiner and the funeral establishment (if any). The original copy of the completed form is forwarded to and retained by the crematory operator.

RETENTION:

Copies retained by the funeral establishment (if any) and by the crematory operator shall be in accordance with the provisions of the North Carolina General Statutes cited above and any rules adopted thereunder.

MANAGEMENT:

This form is published by the Office of the Chief Medical Examiner for use by approved crematory operators and is distributed exclusively through the North Carolina Board of Funeral Service.

COPIES:

This form may be photocopied. Original copies of this form may be requested from:

NORTH CAROLINA BOARD OF FUNERAL SERVICE 1033 WADE AVENUE SUITE 108 RALEIGH, NC 27605

FAX # 919-733-8271

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