

NORTH CAROLINA BOARD OF FUNERAL SERVICE

ALKALINE HYDROLYSIS CHECK-LIST

- Alkaline Hydrolysis 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 alkaline hydrolysis 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 alkaline hydrolysis (BFS form 56F2 required for all fetal deaths occurring at less than 20 weeks gestation)

_____ (initials)

- Authorization for alkaline hydrolysis of amputated body parts (BFS form 56E2)

_____ (initials)

- Consolidated Receipt Form (BFS Form 56G2)

_____ (initials)

- Receipt of Remains by hydrolysis licensee (BFS Form 56A2 – not used if using BFS Form 56G2)

_____ (initials)

- Hydrolysis container (cardboard box) must contain:

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

_____ (initials)

- Record of Hydrolysis (BFS Form 56B2 – not used if using BFS Form 56G2)

_____ (initials)

- Certificate of alkaline hydrolysis must contain:

- | | |
|---|---|
| 1. Name of Decedent | 2. Date of Alkaline Hydrolysis |
| 3. Name and Address of Hydrolysis License | 4. Signature of Hydrolysis Licensee 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 Alkaline Hydrolysis | 3. Name of Hydrolysis Licensee |
|---------------------|--------------------------------|--------------------------------|

_____ (initials)

- ID tag placed in initial container for hydrolyzed 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 hydrolyzed remains from Hydrolysis Licensee (BFS Form 56C2 – not used if using BFS Form 56G2)

_____ (initials)

- Delivery of hydrolyzed remains from funeral provider (BFS Form 56D2)
(Must be completed by Funeral Establishment or Unaffiliated Practitioner delivering hydrolyzed remains. **If hydrolysis licensee and funeral provider share common ownership and are located a contiguous piece of property; BFS Form 56C2 or 56G2 may be used in lieu of BFS Form 56D2.**)

_____ (initials)

- Enter alkaline hydrolysis information on monthly report
(Must be submitted to Board on/before 10th day of each month along with \$10 hydrolysis fee per alkaline hydrolysis)

_____ (initials)