



# NORTH CAROLINA BOARD OF FUNERAL SERVICE

## RECEIPT OF HUMAN REMAINS BY HYDROLYSIS LICENSEE

Case or Identification Number: \_\_\_\_\_

\_\_\_\_\_ ("Decedent") died on  
(Full Name of Decedent)

\_\_\_\_\_ at \_\_\_\_\_ AM / PM and was delivered to:  
(Date of Death) (Time of Death) (Circle One)

\_\_\_\_\_ ("Hydrolysis Licensee"),  
(Name of Hydrolysis Licensee)

\_\_\_\_\_ ,  
Street City State Zip

by \_\_\_\_\_, an affiliate of:  
(Printed Name of Individual delivering Decedent to Hydrolysis Licensee)

\_\_\_\_\_, at  
(Name of Funeral Establishment, Unaffiliated Practitioner, or Other Entity, if Applicable)

\_\_\_\_\_.  
(Physical Address – Street, City, State, Zip – Where Decedent was delivered to Hydrolysis Licensee)

Decedent was delivered to Hydrolysis Licensee in \_\_\_\_\_  
(Type of Alternative Container, Casket, or Hydrolysis Container in which Decedent was delivered to Hydrolysis Licensee)

on \_\_\_\_\_ at \_\_\_\_\_ AM / PM and received by \_\_\_\_\_.  
(Date delivered to Hydrolysis Licensee) (Time of Delivery) (Circle One) (Printed name of Hydrolysis Licensee representative receiving Decedent)

\_\_\_\_\_  
(Signature of Individual delivering Decedent to Hydrolysis Licensee) (Signature of Hydrolysis Licensee representative receiving Decedent)

NOTE: This original receipt is to be furnished to the individual who delivered Decedent to Hydrolysis Licensee. A copy of this receipt must be retained by Hydrolysis Licensee for a period of three (3) years.