



NORTH CAROLINA BOARD OF FUNERAL SERVICE

RECORD OF ALKALINE HYDROLYSIS BY HYDROLYSIS LICENSEE

Case or Identification Number: _____

Decedent's full name: _____ ("Decedent")

Date and time of Decedent's death: _____ / _____

Hydrolysis Licensee Name: _____ ("Hydrolysis Licensee")

NOTE: Each alkaline hydrolysis must be performed by a certified hydrolysis technician or a licensee of the Board – G.S. § 90-210.136(c) and 90-210.123(g)(15), Effective 10/01/2018.

Date and time Decedent placed into hydrolysis chamber: _____ / _____

By: _____ Signature: _____
(Name of Certified Hydrolysis Technician or Licensee of Board)

Date and time Decedent's hydrolyzed retrieved from hydrolysis chamber: _____ / _____

By: _____ Signature: _____
(Name of Certified Hydrolysis Technician or Licensee of Board)

Date and time Decedent's hydrolyzed remains were processed: _____ / _____

By: _____ Signature: _____
(Name of Certified Hydrolysis Technician or Licensee of Board)

Type of container Decedent's hydrolyzed remains placed in: _____

NOTE: A copy of this form must be retained by Hydrolysis Licensee for a period of three years.