



NORTH CAROLINA BOARD OF FUNERAL SERVICE

DELIVERY OF HYDROLYZED REMAINS FROM HYDROLYSIS LICENSEE

The hydrolyzed remains of _____ (“Decedent”)
(Full Name of Decedent Hydrolyzed)

were delivered to _____, an affiliate of
(Printed Name of Individual Receiving Decedent’s Hydrolyzed Remains)

_____ at the following address:
(Name of Funeral Establishment, Unaffiliated Practitioner, or Other Entity, IF applicable)

_____ (Physical Address – Street, City, State, Zip – where Decedent’s Hydrolyzed Remains were Delivered)

on _____ at _____ AM / PM.
(Date of Delivery) (Time of Delivery) (Circle One)

Decedent’s hydrolyzed remains were delivered by _____, an affiliate of:
(Printed Name of Individual DELIVERING Decedent’s Hydrolyzed Remains)

_____ (“Hydrolysis Licensee”),
(Name of Hydrolysis Licensee)

Decedent’s hydrolyzed remains were delivered in _____
(Type of Initial Container, Urn or Other Container)

(Signature of Individual RECEIVING Decedent’s Hydrolyzed Remains) (Signature of Individual DELIVERING Decedent’s Hydrolyzed Remains)

If Decedent’s hydrolyzed remains shipped, affix the Postal Return Receipt(s) below list the name, address, and any special handling instructions for each recipient. Use extra sheets of paper, if necessary. Postal Return Receipt is acceptable in lieu of recipient’s signature on Form BFS 56C2.

Shipped to: _____

Address: _____
Street City State Zip

Special Handling Instructions: _____

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