



# NORTH CAROLINA BOARD OF FUNERAL SERVICE

## DELIVERY OF HYDROLYZED REMAINS FROM FUNERAL PROVIDER

The hydrolyzed remains of \_\_\_\_\_ ("Decedent")  
(Full Name of Decedent Hydrolyzed)

were delivered to \_\_\_\_\_, at the following address:  
(Printed Name of Individual Receiving Decedent's Hydrolyzed Remains)

\_\_\_\_\_  
(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)

\_\_\_\_\_  
(Name of Funeral Establishment or Unaffiliated Practitioner) ("Funeral Provider"),

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 were 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 56D2.

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 Funeral Provider. A copy of this receipt must be retained by Funeral Provider for a period of three (3) years.