



NORTH CAROLINA BOARD OF FUNERAL SERVICE

AUTHORIZATION FOR ALKALINE HYDROLYSIS OF AMPUTATED BODY PARTS

This form is required pursuant to N.C. Gen. Stat. §§ 90-210.136(c) and 90-210.129(q).

Patient Name: \_\_\_\_\_

Body Part(s) to be Hydrolyzed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place of Amputation: \_\_\_\_\_

Date of Amputation: \_\_\_\_\_

Circumstances Warranting Amputation(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify I have sufficient knowledge to complete this form describing the cause of amputation. To the best of my knowledge and belief, the information contained herein is correct and complete.

Signature of Attending Physician or other individual authorized to sign a North Carolina Certificate of Death:

\_\_\_\_\_

Name of Certifier: \_\_\_\_\_

Date signed by Certifier: \_\_\_\_\_