



NORTH CAROLINA BOARD OF FUNERAL SERVICE

RECEIPT OF HUMAN REMAINS, RECORD OF ALKALINE HYDROLYSIS, AND DELIVERY BY HYDROLYSIS LICENSEE

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

Decedent's full name: \_\_\_\_\_ ("Decedent")

Date and time of Decedent's death: \_\_\_\_\_ / \_\_\_\_\_

Hydrolysis Licensee Name: \_\_\_\_\_ ("Hydrolysis Licensee")

SECTION 1 – RECEIPT OF DECEDENT'S HUMAN REMAINS BY HYDROLYSIS LICENSEE:

Date and time Decedent delivered to Hydrolysis Licensee: \_\_\_\_\_ / \_\_\_\_\_

Delivered by: \_\_\_\_\_ Signature: \_\_\_\_\_

who is affiliated with: \_\_\_\_\_  
(Name of Funeral Establishment, Unaffiliated Practitioner, or Other Entity, if Applicable)

Type of alternative container, casket or hydrolysis container delivered in: \_\_\_\_\_

Received By: \_\_\_\_\_ Signature: \_\_\_\_\_

SECTION 2 –RECORD OF DECEDENT'S ALKALINE HYDROLYSIS BY HYDROLYSIS LICENSEE

[Each 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 remains 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: \_\_\_\_\_

SECTION 3 – DELIVERY OF DECEDENT'S HYDROLYZED REMAINS FROM HYDROLYSIS LICENSEE

Date / Time of Release: \_\_\_\_\_ / \_\_\_\_\_

Received by: \_\_\_\_\_ Signature: \_\_\_\_\_

Who is affiliated with: \_\_\_\_\_  
(Name of Funeral Establishment, Unaffiliated Practitioner, or other Entity, if Applicable)

Address where delivery took place: \_\_\_\_\_  
(Physical address – Street, City, State, Zip – Where Decedent's hydrolyzed remains were Delivered from Hydrolysis Licensee)

Delivered by: \_\_\_\_\_ Signature: \_\_\_\_\_

If shipped, enter the name of each recipient and any special handling instructions below. Affix Postal Return Receipt, which is acceptable in lieu of signature of recipient. Use additional sheets, if necessary.

\_\_\_\_\_  
\_\_\_\_\_

NOTE: A copy of this form is to be furnished by the person who delivered Decedent to Hydrolysis Licensee (SECTION 1) and to the person who received Decedent's hydrolyzed remains from Hydrolysis Licensee (SECTION 3). A copy of this form must be retained by Hydrolysis for a period of three years.