



NORTH CAROLINA BOARD OF FUNERAL SERVICE

RECEIPT OF HUMAN REMAINS BY HYDROLYSIS LICENSEE

Case or Metallic Disc Identification Number: _____

_____ (“Decedent”) died on
(Full Name of Decedent)

_____ at _____ AM / PM and was delivered to:
(Date of Death) (Time of Death) (Circle One)

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

_____ ,
Street City State Zip

by _____, an affiliate of:
(Printed Name of Individual delivering Decedent to Hydrolysis Licensee)

_____, at
(Name of Funeral Establishment, Unaffiliated Practitioner, or Other Entity, if Applicable)

(Physical Address – Street, City, State, Zip – Where Decedent was delivered to Hydrolysis Licensee)

Decedent was delivered to Hydrolysis Licensee in _____
(Type of Alternative Container, Casket, or Hydrolysis Container in which Decedent was delivered to Hydrolysis Licensee)

on _____ at _____ AM / PM and received by _____.
(Date delivered to Hydrolysis Licensee) (Time of Delivery) (Circle One) (Printed name of Hydrolysis Licensee representative receiving Decedent)

(Signature of Individual delivering Decedent to Hydrolysis Licensee) (Signature of Hydrolysis Licensee representative receiving Decedent)

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