



NORTH CAROLINA BOARD OF FUNERAL SERVICE

RECEIPT OF HUMAN REMAINS BY CREMATORY LICENSEE

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

\_\_\_\_\_ ("Decedent") died on  
(Full Name of Decedent)

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

\_\_\_\_\_ ("Crematory"),  
(Name of Crematory Licensee)

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

by \_\_\_\_\_, an affiliate of:  
(Printed Name of Individual delivering Decedent to Crematory)

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

\_\_\_\_\_.  
(Physical Address – Street, City, State, Zip – Where Decedent was delivered to Crematory)

Decedent was delivered to Crematory in \_\_\_\_\_  
(Type of Alternative Container, Casket, or Cremation Container in which Decedent was delivered to Crematory)

on \_\_\_\_\_ at \_\_\_\_\_ AM / PM and received by \_\_\_\_\_.  
(Date delivered to Crematory) (Time of Delivery) (Circle One) (Printed Name of Crematory Representative Receiving Decedent)

\_\_\_\_\_  
(Signature of Individual delivering Decedent to Crematory) (Signature of Crematory Representative Receiving Decedent)

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