



NORTH CAROLINA BOARD OF FUNERAL SERVICE

RECORD OF CREMATION BY CREMATORY LICENSEE

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

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

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

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

NOTE: All cremations must be performed by a certified crematory technician or a licensee of the Board – G.S. § 90-210.123(g)(15), Effective 10/01/2018.

Date and time Decedent placed into cremation chamber: \_\_\_\_\_ / \_\_\_\_\_

By: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Name of Certified Crematory Technician or Licensee of Board)

Date and time Decedent's cremated retrieved from cremation chamber: \_\_\_\_\_ / \_\_\_\_\_

By: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Name of Certified Crematory Technician or Licensee of Board)

Date and time Decedent's cremated remains were processed: \_\_\_\_\_ / \_\_\_\_\_

By: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Name of Certified Crematory Technician or Licensee of Board)

Type of container Decedent's cremated remains placed in: \_\_\_\_\_

NOTE: A copy of this form must be retained by Crematory for a period of three years.