



NORTH CAROLINA BOARD OF FUNERAL SERVICE

DELIVERY OF CREMATED REMAINS FROM CREMATORY LICENSEE

The cremated remains of _____ (“Decedent”)
(Full Name of Decedent Cremated)

were delivered to _____, an affiliate of
(Printed Name of Individual Receiving Decedent’s Cremated Remains)

_____ at the following address:
(Name of Funeral Establishment, Unaffiliated Practitioner, or Other Entity, IF applicable)

_____ (Physical Address – Street, City, State, Zip – where Decedent’s Cremated Remains were Delivered)

on _____ at _____ AM / PM.
(Date of Delivery) (Time of Delivery) (Circle One)

Decedent’s cremated remains were delivered by _____, an affiliate of:
(Printed Name of Individual DELIVERING Decedent’s Cremated Remains)

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

Decedent’s cremated remains were delivered in _____
(Type of Initial Container, Urn or Other Container)

(Signature of Individual RECEIVING Decedent’s Cremated Remains) (Signature of Individual DELIVERING Decedent’s Cremated Remains)

If Decedent’s cremated remains shipped, affix the Postal Return Receipt(s) below list the name, address, and any special handling instructions for each recipient. Use extra sheets of paper, if necessary. Postal Return Receipt is acceptable in lieu of recipient’s signature on Form BFS 56C1.

Shipped to: _____

Address: _____
Street City State Zip

Special Handling Instructions: _____

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