



NORTH CAROLINA BOARD OF FUNERAL SERVICE

RECEIPT OF HUMAN REMAINS, RECORD OF CREMATION, AND DELIVERY BY CREMATORY LICENSEE

Case or Identification Number: _____

Decedent's full name: _____ ("Decedent")

Date and time of Decedent's death: _____ / _____

Crematory Licensee Name: _____ ("Crematory")

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

Date and time Decedent delivered to Crematory: _____ / _____

Delivered by: _____ Signature: _____

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

Type of alternative container, casket or cremation container delivered in: _____

Received By: _____ Signature: _____

SECTION 2 –RECORD OF DECEDENT'S CREMATION BY CREMATORY

[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 remains retrieved from cremation chamber: _____ / _____

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

Date and time Decedent's cremated remains processed: _____ / _____

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

Type of container Decedent's cremated remains placed in: _____

SECTION 3 – DELIVERY OF DECEDENT'S CREMATED REMAINS FROM CREMATORY

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 Cremated remains were Delivered from Crematory)

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 Crematory (SECTION 1) and to the person who received Decedent's cremated remains from Crematory (SECTION 3). A copy of this form must be retained by Crematory for a period of three years.