CREMATION CHECK LIST

_____ Cremation Authorization Form (FILLED OUT COMPLETELY)

_____ Death certificate signed by attending physician or medical examiner and containing:
   Name of decedent
   Date of death
   Date of birth
   Sex
   Place of death
   Facility name (street address if no facility)
   County of death
   City of death
   Time of death

_____ ME authorization form (when required by law)

_____ Fetal death report (required for all fetal deaths occurring at greater than 20 weeks gestation)

_____ Confirmation of fetal death for cremation (NCBFS form 56F required for all fetal deaths occurring at less than 20 weeks gestation)

_____ Authorization for cremation of amputated body parts (NCBFS form 56E required for the cremation of all body parts)

_____ Consolidated Receipt Form (NCBFS form 56G) (**If you opt out of using the consolidated form you MUST use Board forms 56 A, B & C. Form 56D must be completed by the funeral home returning the cremains to the family/authorized representative.)

_____ Receipt of Remains by crematory (NCBFS form 56A)
   (If using form 56G this form is not used.)

_____ Cremation container (cardboard box) MUST CONTAIN:
   Name of decedent
   Date of death
   Sex
   Age

_____ Record of cremation (NCBFS form 56B)
   (If using form 56G this form is not used.)
Certificate of cremation MUST CONTAIN:
- Name of decedent
- Date of cremation
- Name and address of crematory
- Signature of crematory manager

Label for attachment to initial container (must also be attached to cardboard box containing initial container, if applicable) MUST CONTAIN:
- Name of decedent
- Date of cremation
- Name of crematory

ID tag placed in initial container for cremated remains to be interred/entombed
- Name of decedent
- Date of death
- Social security number of decedent
- County and state of death
- Site of interment / entombment

Delivery of cremated remains FROM CREMATORY (NCBFS Form 56C)
(If using form 56G this form is not used.)

Delivery of cremated remains FROM FUNERAL HOME (NCBFS Form 56D)
MUST BE COMPLETED BY FUNERAL HOME RETURNING CREMATED REMAINS TO AUTHORIZING AGENT. THIS IS USED FOR ALL CREMATIONS REGARDLESS OF WHETHER FORM 56G IS USED.

Enter cremation information on monthly report
(Must be submitted to Board on/before 10th day of each month along with $10 cremation fee per cremation)