

## 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 10<sup>th</sup> day of each month along with  
\$10 cremation fee per cremation)