



NORTH CAROLINA BOARD OF FUNERAL SERVICE

RECEIPT OF HUMAN REMAINS BY CREMATORY LICENSEE

Case or Metallic Disc Identification Number: _____

_____ ("Decedent") died on
(Full Name of Decedent)

_____ at _____ AM / PM and was delivered to:
(Date of Death) (Time of Death) (Circle One)

_____ ("Crematory"),
(Name of Crematory Licensee)

_____,
Street City State Zip

by _____, an affiliate of:
(Printed Name of Individual delivering Decedent to Crematory)

_____, at
(Name of Funeral Establishment, Unaffiliated Practitioner, or Other Entity, if Applicable)

_____.
(Physical Address – Street, City, State, Zip – Where Decedent was delivered to Crematory)

Decedent was delivered to Crematory in _____
(Type of Alternative Container, Casket, or Cremation Container in which Decedent was delivered to Crematory)

on _____ at _____ AM / PM and received by _____.
(Date delivered to Crematory) (Time of Delivery) (Circle One) (Printed Name of Crematory Representative Receiving Decedent)

(Signature of Individual delivering Decedent to Crematory)

(Signature of Crematory Representative Receiving Decedent)

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