



NORTH CAROLINA BOARD OF FUNERAL SERVICE

RECORD OF CREMATION BY CREMATORY LICENSEE

Case or Metallic Disc Identification Number: _____

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

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

Crematory Licensee Name: _____ ("Crematory")

NOTE: 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 retrieved from cremation chamber: _____ / _____

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

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

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

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

NOTE: A copy of this form must be retained by Crematory for a period of three years.