



NORTH CAROLINA BOARD OF FUNERAL SERVICE

RECEIPT OF HUMAN REMAINS, RECORD OF CREMATION, AND DELIVERY 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")

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). If Crematory and funeral provider share common ownership and are located on a contiguous piece of property; this form may be used in lieu of Form BFS 56D1. A copy of this form must be retained by Crematory for a period of three years.