



- f. Attendance at funeral home;
- g. Answer telephone / correspondence, handle records, bookkeeping;
- h. Care for equipment and premises;
- i. Prepare death notices / obituaries;
- j. Ship-in / ship-out arrangements;
- k. Prepare death certificates;
- l. Secure permits, prepare VA or social security forms;
- m. Receive visitors;
- n. Funeral procession and arrangement;
- o. Transport survivors and clergy;
- p. Witness / arrange cremation services;
- q. Complete cremation authorization forms;
- r. Identify authorizing agent or next-of-kin;
- s. Evaluate cases for medical examiner jurisdiction;
- t. Setting features;
- u. Mixing fluids;
- v. Raising vessels and inserting tubes;
- w. Injecting fluids;
- x. Suturing incisions;
- y. Cavity treatment;
- z. Removal and disinfecting of body;
- aa. Positioning of body;
- bb. Restorative art treatment including hypodermic treatment;
- cc. Preparation of autopsied body including treatment of viscera;
- dd. Treatment of remains following organ and/or tissue donation;
- ee. Application of cosmetics;
- ff. Dressing and casketing;
- gg. Cleaning and disinfection of preparation room; and
- hh. Handling and/or disposing of biomedical waste.

\_\_\_\_\_  
Signature of Licensed Supervisor

STATE OF NORTH CAROLINA

\_\_\_\_\_ COUNTY

Sworn to and subscribed before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

[seal]

\_\_\_\_\_  
Notary's Printed Name

My Commission Expires: \_\_\_\_\_