

NORTH CAROLINA BOARD OF FUNERAL SERVICE
NC CREMATORY AUTHORITY

RECEIPT OF HUMAN REMAINS

(Name of Crematory)

Decedent _____
(First) (Middle) (Last)

Date of Death _____ Time of Death _____

Body Delivered to Crematory _____
(Date) (Time)

Permanent Identification number assigned to remains: _____

Delivered By _____
(Printed Name) (Signature)

who is affiliated with _____
(Name of Funeral Establishment or Other Entity)

(Type of Casket or cremation container in which the remains were delivered)

(Printed Name of Person Who Received Human Remains on Behalf of Crematory)

(Signature of Person Who Received Human Remains on Behalf of Crematory)

NOTE: This original receipt is to be furnished to the person who delivered the human remains. A copy of this receipt must be retained by the crematory licensee in its permanent records for three years.