

NORTH CAROLINA BOARD OF FUNERAL SERVICE
NC CREMATORY AUTHORITY

DELIVERY OF CREMATED REMAINS
(From Funeral Home)

Name of Funeral Home

Decedent _____
 First Middle Last

Date and Time of Release _____

Delivered to _____
(Printed Name of Recipient and Place of Receipt)

(Type of container in which the cremated remains were delivered)

Delivered By _____
(Authorized Representative)

(Signature of Authorized Representative) _____
(Signature of Recipient)¹

Shipped to* _____
(Name)

(Address)

Special Handling (Describe) _____

* If the cremated remains are mailed, affix Postal Receipt Here

NOTE: A copy of this receipt must be furnished to the person who receives the cremated remains. This original receipt must be retained by the funeral establishment in its permanent records for three years.

¹ Note: If the cremated remains are mailed, postal return receipt is acceptable in lieu of signature of recipient.