North Carolina Department of Health & Human Services
Division of Public Health
Office of the Chief Medical Examiner
Raleigh, North Carolina 27699-3025
Telephone 919-743-9000
FAX 919-743-9099

AUTHORIZATION FOR CREMATION

Requirements: This certification is required for all bodies to be cremated *EXCEPT*:

- Medical Examiner cases.
- Persons less than 24 hours of age.
- Inpatients (not ER patients) in a licensed hospital.
- Patients in a licensed nursing home (not rest home).
- Persons who die under the care of a licensed Hospice.
- Persons who died in another state and that state has given written authorization for cremation.
- Persons who died in another state and whose death would not have required ME authorization for Cremation had the death occurred in North Carolina.

Decedent Information:

Name :_____ _____ _____ _____
First *Middle* *Last* *Age* *Race* *Sex*

Death: _____ _____ _____ _____
Date *City* *County* *State*

- **Attending Physician Certifying Death:**

_____
Name

_____
City *State*

Cause of Death_____

Spoke to Physician _____

Reviewed
Death Certificate _____

Other _____

- **Applicants**

Funeral Home_____ Crematory _____

- **Certification**

I certify that I viewed the body of this decedent and made personal inquiry into the cause and manner of death. It is my opinion that the death has been properly certified, and that no further examination of this body is necessary.

_____ _____ _____
Medical Examiner's Signature *Date* *County of Appointment*

DHHS FORM 1181 - AUTHORIZATION FOR CREMATION

PURPOSE:
To document a medical examiner's authorization for cremation when the death is NOT a medical examiner case (as defined by GS 130A-383 or 130A-384) in compliance with the provisions of Chapter 90, Articles 13A and 13F and GS 130A-388 of the North Carolina General Statutes.

PREPARATION:
All appropriate information is entered on the form. The medical examiner signs the form, certifying that there are no medicolegal objections to cremation.

DISTRIBUTION:
Copies of the completed form are retained by the medical examiner and the funeral establishment (if any). The original copy of the completed form is forwarded to and retained by the crematory operator.

RETENTION:
Copies retained by the funeral establishment (if any) and by the crematory operator shall be in accordance with the provisions of the North Carolina General Statutes cited above and any rules adopted thereunder.

MANAGEMENT:
This form is published by the Office of the Chief Medical Examiner for use by approved crematory operators and is distributed exclusively through the North Carolina Board of Funeral Service.

COPIES:
This form may be photocopied. Original copies of this form may be requested from:

NORTH CAROLINA BOARD OF FUNERAL SERVICE
1033 WADE AVENUE
SUITE 108
RALEIGH, NC 27605

FAX # 919-733-8271