

North Carolina Board of Funeral Service
1033 Wade Avenue, Suite 108
Raleigh, NC 27605
Toll Free in NC 800-862-0636 919-733-9380 Facsimile 919-733-8271
www.ncbfs.org

AUTHORIZATION FOR CREMATION OF AMPUTATED BODY PARTS

Pursuant to G. S. 90-210.129(q), this form is required for the cremation of all body parts.

Patient Name: _____

Body Part(s) to be Cremated: _____

Place of Amputation: _____

Date of Amputation: _____

Circumstances Warranting Amputation: _____

I certify I have sufficient knowledge to complete this form describing the cause of amputation. To the best of my knowledge and belief, the information contained herein is correct and complete.

Signature of Attending Physician: _____

Name of Attending Physician (printed): _____

Date Signed by Attending Physician: _____