

## Receipt of Human Remains at Crematory

Please review and provide the required information below: (Print Legibly or Type)

<b>Decedent Information</b>	Full Name (Last, First, Middle Name)			
	DOB:	DOD:	Time of Death	Gender (M/F)
<b>Receipt of Human Remains (Provide Requested Information)</b>	Date and Time of Receipt of Human Remains: Date:		Time:	
	From: (Circle One) Funeral Establishment / Person with Right to Final Disposition / Other <i>(Only provide information that applies to the circled item above)</i>			
	Name of Establishment / Individual or Persons:			
	Street Address:			
	City:	County:	State:	Zip:
	Phone Number(s):			
	<b>Verifications</b>	<b>Jewelry Removed:</b> (Circle One) YES / NO <b>If Yes: Attach Authorization</b> - if No, need authorization to cremate all remaining jewelry -		
<b>Wanding Performed:</b> (Circle One) YES / NO <b>Foreign Objects in body: Do not Accept Remains</b>				
<b>Radiological Implants:</b> (Circle One) YES / NO <b>Date Allowed to Cremate:</b> ___ - ___ - ___ - if Yes, (at least 5 days from placement of implant or 5 days from receipt of human remains				
<b>Foreign Objects with body not safe to be cremated:</b> (Circle One) YES / NO If Yes, return to person delivering Human Remains: <b>List Items:</b> (Items not safe for cremation) - (Print):				
<b>Date &amp; Time Refrigerated</b>				

**Name of Delivery Person and License #/Registration # (Print Full Name – Last, First, MI):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Name of Crematory Operator and License #/Registration # (Print Full Name – Last, First, MI):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Permit # \_\_\_\_\_

## Release of Cremated Human Remains from Crematory

Please review and provide the required information below: (Print Legibly or Type)

<b>Cremation Date</b> - -	<b>Cremation Disc #</b>	<b>Cremated By:</b>		
<b>Release of Cremated Human Remains</b> (Select One and answer all questions)	<b>Release Date and Time of Cremated Remains</b>			
	DATE (XX/XX/XXXX):		TIME (XX:XX AM/PM):	
	<b>Person Accepting Cremated Human Remains:</b> Print Full Name (Last, First, MI):			
	<b>FROM: (Circle One) Funeral Establishment / Transporter / Person Acting as Funeral Director</b>			
	<b>Name of Funeral Establishment / Person:</b>			
	<b>Street Address:</b>			
	City:	County:	State:	Zip:

**Name of the Person Accepting the Cremated Human Remains:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ License/ Permit # \_\_\_\_\_

**Name of Certified Crematory Operator Releasing Cremated Human**

Remains: Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Permit# \_\_\_\_\_

**Final Verification of Human Remains To Be Cremated  
(Immediately Before Placement in Cremator)**

Please review and provide the required information below: (Print Legibly or Type)

Date: \_\_\_\_\_

Decedent (Print Full Name – Last, First, Middle Name): \_\_\_\_\_

Date of Death (Month/Day/Year): \_\_\_\_\_ Time of Death: \_\_\_\_\_

Cremated within 48 Hours of Receipt: (Yes or No): \_\_\_\_\_ If No Explain Why: \_\_\_\_\_

Certified Crematory Operator Completing Form (Print Full Name – Last, First, MI): \_\_\_\_\_

Permit #: \_\_\_\_\_

Check List	Final Verification Completed (Yes/No)	If No, "STOP" Take Following Action
Copy of Completed Death Certificate		
All Items Appear Consistent with Copy of Death Certificate		
• Gender		
• Race		
• Age		
Verify Name with Name on Death Certificate		
Burial Transit Permit		
Cremation ID Form		
Cremation Authorization Form		

\_\_\_\_\_  
Signature of Certified Crematory Operator

\_\_\_\_\_  
Date