

CHAIN OF CUSTODY AND IDENTIFICATION CONFIRMATION

Name of Decedent: _____
LAST, FIRST MIDDLE

Date of Death: _____ Unique Identifier: _____

Name of Funeral Establishment or Funeral Business: _____

Location: _____

Name of Crematory (if applicable): _____

Location: _____

This form should be used whenever human remains of the Decedent are handled by a Licensee for any type of removal, transfer, cremation, processing, or delivery of remains.

Each of the undersigned below hereby confirms that, upon taking custody of the remains of the Decedent, he/she confirmed that the remains were identified as the Decedent and that the name exactly matches the accompanying paperwork.

Name & License Number of Person Confirming Identification and taking Custody of Remains:						
Reason for Custody:						
Location of Remains:						
Signature of Licensee Taking Custody:		Date:		Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM

Name & License Number of Person Confirming Identification and taking Custody of Remains:						
Reason for Custody:						
Location of Remains:						
Signature of Licensee Taking Custody:		Date:		Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM

Name & License Number of Person Confirming Identification and taking Custody of Remains:						
Reason for Custody:						
Location of Remains:						
Signature of Licensee Taking Custody:		Date:		Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM

Name & License Number of Person Confirming Identification and taking Custody of Remains:						
Reason for Custody:						
Location of Remains:						
Signature of Licensee Taking Custody:		Date:		Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM

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Name & License Number of Person Confirming Identification and taking Custody of Remains:							
Reason for Custody:							
Location of Remains:							
Signature of Licensee Taking Custody:		Date:		Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM	

RECORD OF PLACE OF DISPOSITION FOR HUMAN REMAINS:

Name & License Number of Person Confirming Identification and taking Custody of Remains:							
Place of Final Disposition:							
Signature of Licensee Taking Custody:		Date:		Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM	

RECORD OF TRANSFER TO CREMATORY:

Name & License Number of Person Confirming Identification and Transferring to Crematory:							
Name of Crematory:							
Location of Crematory:							
Unique Identifier Issued by Crematory:							
Location of Remains:							
Signature of Licensee Transferring to Crematory:		Date:		Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM	

RECORD OF STORAGE OF CREMATED REMAINS:

Name of Person Confirming Identification and taking Custody of Cremated Remains:							
Location of Cremated Remains after Receipt from a Crematory:							
Signature of Person Taking Custody:		Date:		Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM	

SUPPLEMENTAL DOCUMENTATION:

- _____ **RECORD OF RECEIPT OF HUMAN REMAINS BY A CREMATORY**
- _____ **RECORD OF RECEIPT OF CREMATED REMAINS FROM A CREMATORY**
- _____ **RECORD OF DELIVERY OF CREMATED REMAINS AS DIRECTED BY THE CREMATION AUTHORIZATION FORM**