

**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 File 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