



NORTH CAROLINA BOARD OF FUNERAL SERVICE

AUTHORIZATION FOR CREMATION OF AMPUTATED BODY PARTS

This form is required pursuant to N.C. Gen. Stat. § 90-210.129(q).

Patient Name: _____

Body Part(s) to be Cremated: _____

Place of Amputation: _____

Date of Amputation: _____

Circumstances Warranting Amputation(s): _____

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 or other individual authorized to sign a North Carolina Certificate of Death:

Name of Certifier: _____

Date signed by Certifier: _____