

**STATE OF ALABAMA
ALABAMA BOARD OF FUNERAL SERVICE
CREMATION IDENTIFICATION FORM**

**** THIS FORM SHALL ACCOMPANY THE REMAINS THROUGH ALL PHASES OF TRANSPORTING****

NAME OF DECEASED: _____ **Social Security#** _____

PLACE OF DEATH: _____ **CITY:** _____
(Physical Address or Institution)

COUNTY: _____ **STATE:** _____ **DATE OF DEATH:** _____ **TIME OF DEATH:** _____

FUNERAL ESTABLISHMENT ORIGINALLY RECEIVING REMAINS:

NAME: _____

ADDRESS: _____ **CITY/STATE:** _____

ESTABLISHMENT PERFORMING CREMATION:

NAME: _____

ADDRESS: _____ **CITY/STATE:** _____

SIGNATURES: _____
(Individual releasing remains to crematory) (Crematory Representative receiving remains)

CERTIFICATION OF CREMATIONIST

I, _____, do hereby attest and certify that I personally performed the
(Print name of individual who performed cremation)

cremation of _____ at _____
(Print name of deceased) (Print name of crematory)

On _____ beginning at _____ and concluding at _____. I further attest that the
(Date) (Time) (Time)

deceased was assigned identification number _____ prior to the cremation and that this number

has accompanied the remains through the entire cremation process and has been placed with the cremated

remains for return to the specified destination.

(Signature of Cremationist)

