

**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)

