



STATE OF ALABAMA
ALABAMA BOARD OF FUNERAL SERVICE
CREMATION IDENTIFICATION FORM

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

IDENTIFICATION:

NAME OF DECEASED: _____ SOCIAL SECURITY NUMBER: _____

PLACE OF DEATH: _____ DATE OF DEATH: _____ TIME OF DEATH: _____
(PHYSICAL ADDRESS OR INSTITUTION)

CITY: _____ COUNTY: _____ STATE: _____

DATE OF BIRTH: _____ AGE: _____

I _____ attest that I have _____ have not _____ refused to _____
(PRINTED NAME OF AUTHORIZING AGENT OR REPRESENTATIVE OF)

identified the deceased individual named above. (date signed _____)

SIGNATURE OF AUTHORIZING AGENT (or representative of): _____

FUNERAL ESTABLISHMENT ORIGINALLY RECEIVING REMAINS:

NAME: _____

ADDRESS: _____ CITY/STATE: _____

ESTABLISHMENT PERFORMING CREMATION:

ESTABLISHMENT NAME: _____

ADDRESS: _____ CITY/STATE: _____

SIGNATURES: _____
(INDIVIDUAL RELEASING REMAINS TO CREMATORY) (CREMATORY REPRESENTATIVE RECEIVING REMAINS)

(PRINTED NAME OF INDIVIDUAL RELEASING REMAINS) (PRINTED NAME OF CREMATORY REPRESENTATIVE)

NOTIFICATION

M.E./CORONER: _____ DATE: _____ TIME: _____

CONSENT INFORMATION: _____

CERTIFICATION OF CREMATIONIST

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

_____ at _____ on _____ beginning at
(Print name of deceased) (Print name of crematory) (Date)

_____ and concluding on _____ at _____. I further attest that the deceased was assigned
(Time) (Date) (Time)

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.