

CREMATION / ALKALINE HYDROLYSIS LOG

Funeral Home: _____ Address: _____ Crematory Registration Number: _____

CREMATIONS From _____, 20____ TO _____, 20____

NO.	Name of Deceased	ID No.	Date of Cremation	Start Time	End Time	Performed for	Disposition	Signature of Cremationsit	Flame	Chemical
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										

Total this Page: _____

Year to Date Total: _____

Total Flame Cremations this Page: _____

Total Chemical Cremations this Page: _____