



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.