



BODY DELIVERY RECEIPT

(REQUIRED BY SECTION 4145 - NYS PUBLIC HEALTH LAW)

A. NAME OF DECEASED PERSON: _____
(as it appears on burial, cremation or transit permit)

B. DATE THAT BODY WAS DELIVERED: _____

C. NAME AND REGISTRATION NUMBER OF FUNERAL DIRECTOR MAKING DELIVERY:

(Print Name) (Reg. #)

D. NAME OF FUNERAL FIRM REPRESENTED BY THE FUNERAL DIRECTOR:

(Print Licensed Funeral Firm Name)

E. NAME OF OWNER, OPERATOR, MANAGER OR PERSON IN CHARGE OF
PLACE OF FINAL DISPOSITION WHO RECEIVED THE BODY:

(Print Name)

_____ CHECK (✓) IF NO ONE IN CHARGE

F. NAME/LOCATION OF PLACE OF FINAL DISPOSITION:

(Name) (City, State)

(SIGNATURE of Funeral Director) (SIGNATURE of Person Receiving Body)