

*Triad Cremation Society & Chapel*

*2110 Veasley Street  
Greensboro, NC 27407*

***Death Certificate-Sign-Off Form***

*I have reviewed and approved the Death Certificate for \_\_\_\_\_, with changes, additions, deletions or corrections as annotated in the attached copy.*

*I hereby give you approval to proceed with submission to the Health Department and the Register of Deeds in the County of \_\_\_\_\_.*

*I understand that further changes to the Death Certificate will likely result in a delay of the processing AND/OR could result in additional charges (\$100) from the Register of Deeds AND/OR the State.*

*Print* \_\_\_\_\_

*Sign* \_\_\_\_\_

*Date* \_\_\_\_\_

***Acknowledgements of Return of Personal Effects***

*Name of Deceased* \_\_\_\_\_

*Date of Birth* \_\_\_\_\_ *Date of Death* \_\_\_\_\_

*Initial box that applies:*

<input type="checkbox"/>	<i>No, Belongings to Return</i>
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<input type="checkbox"/>	<i>Yes, Belongings to be Returned</i>
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<i>Item Description:</i>
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*Printed name* \_\_\_\_\_ *Relationship* \_\_\_\_\_

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_