Crematory Log

Name of Crematory: _____ SCDES Air Quality Permit#: _____

Deceased Name	Unique ID Number	Cremation Authorization	Dentist Name & License Number	Date Body Received at Crematory	Type of Cremation Container	Date Cremation Performed	Date Cremains Delivered	To Whom Cremains were Delivered	Name & Registration # of Registered Crematory Operator