

CINERATOR FACILITY -- MONTHLY REPORT OF CASES EMBALMED AND BODIES HANDLED

Mail to: Division of Funeral, Cemetery & Consumer Services, Attn: Monthly Reports, Larson Building, 200 E. Gaines Street, Tallahassee, FL 32399-0361

Name of Cinerator facility:			License #:		Phone #:		This report is for Month: _____ Year: _____		
Cinerator facility establishment address:									
Name and license # of removal service (s) used in this reporting period:									
Name of deceased	County of death	Date of death	Date of cremation	Container type			Name of Cremator	License # of FH/KB	Burial transit permit #
				Cdbd	Wd	Mtl			
TOTAL BODIES REPORTED: _____									
This is to certify that the above were cremated at the above-said crematory. Said remains were received and cremated in a container approved by the rules and regulations of the Florida Board of Funeral, Cemetery and Consumer Services and/or the Department of Financial Services. The 48-hour time period had elapsed before the decedents were cremated.									
Signature of Cremator & License #			Signature of Cremator & License #				License number of funeral director or direct disposer in charge:		
Signature of Cremator & License #			Signature of Cremator & License #				Signature of funeral director or direct disposer in charge:		
Signature of Cremator & License #			Signature of Cremator & License #				Date signed		Page ____ of ____