CENTRALIZED EMBALMING 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 centralized embalming facility:	License #:	Phone #:	This report is for Month: _____ Year: _____

Name of deceased	Date received	Date of death	Date embalmed	Name of embalmer	Method of disposal	County of death	Burial transit permit #

TOTAL BODIES REPORTED:_____

We, the undersigned, say that we personally supervised the cases indicated above. Embalming was accomplished by arterial and/or cavity injection of a standard embalming fluid in accordance with the rules of the Board of Funeral, Cemetery & Consumer Services and/or the Department of Financial Services, and Part III of Chapter 497, Florida Statutes.

Signature of embalmer & License #	Signature of embalmer & License #	Signature of embalmer in charge:	
Signature of embalmer & License #	Signature of embalmer & License #	License number of embalmer in charge:	
Signature of embalmer & License #	Signature of embalmer & License #	Date signed	Page ___ of ____