FUNERAL ESTABLISHMENT -- 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

Name of funeral establishment:			License #:			Phone #: ()	-	This report is for Month: Year:		
P 1 (11'1 (11									TVIOITEIT.	1 001.	
Funeral establishment address:											
Name and license # of facility(s) where bodies are refrigerated :					Name and license # of facility(s) where bodies are embalmed:						
Name and license # of facility(s) where bodies are cremated :					Name and license # of removal service (s) used in this reporting period:						
Name of deceased	Date received mm/dd/yy	Date of death mm/dd/yy	Date embalmed mm/dd/yy	Name of	f embalmer		Method	of disposal	County of death	h	Burial transit permit #
TOTAL BODIES REPORTED:											
We the undersigned depose and sa accordance with: rule 69K, Florida							y arterial	and/or cavity i	njection of a stan	dard emb	palming fluid in
Signature of funeral director/embalmer & License #			ignature of funeral of	icense #		Signature of funeral director in charge:					
Signature of funeral director/embalmer & License #			Signature of funeral director/embalmer &			icense #		License number of funeral director in charge:			nrge:
Signature of funeral director/embalmer & License #			Signature of funeral director/embalmer & l			icense #		Date signed / /		Page	of