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

Name of centralized embalming facility:				License #:			Phone #: () -			This report is for Month: Year:		
Name of deceased	Date received mm/dd/yy	Date of de mm/dd/yy		te embalmed n/dd/yy	Name of embalmer		Method	d of disposal	County of deat	h	Burial transit permit #	
								TOTAL BODIES REPORTED:				
We the undersigned depose and say t accordance with: rule 61K, Florida A							by arteria	al and/or cavity	injection of a star	ndard eml	balming fluid in	
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	