

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 32399-0361

Name of funeral establishment:			License #:		Phone #:		This report is for Month: _____ Year: _____	
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	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 funeral director/embalmer & License #			Signature of funeral director/embalmer & License #			Signature of funeral director in charge:		
Signature of funeral director/embalmer & License #			Signature of funeral director/embalmer & License #			License number of funeral director in charge:		
Signature of funeral director/embalmer & License #			Signature of funeral director/embalmer & License #			Date signed		Page ___ of ___