

DIRECT DISPOSAL 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 direct disposal establishment:			License #:	Phone #:	This report is for Month: _____ Year: _____	
Direct disposal establishment address:						
Name and license # of facility(s) where bodies are refrigerated :				Name and license # of removal service(s) used in this reporting period:		
Name and license # of facility(s) where bodies are cremated :						
Name of deceased	Date of death	Date of disposal	License # of cinerator facility	Direct disposer who completed contract	County of death	Burial transit permit #
TOTAL BODIES REPORTED:						_____
We, the undersigned, say that we personally supervised the cases indicated above. Direct disposition was accomplished in accordance with the Rules of the Board of Funeral, Cemetery & Consumer Services and/or the Department of Financial Services, and Part VI of Chapter 497, Florida Statutes.						
Signature of Direct Disposer & License #			Signature of Direct Disposer & License #		Signature of funeral director or direct disposer in charge:	
Signature of Direct Disposer & License #			Signature of Direct Disposer & License #		License number of licensee in charge	
Signature of Direct Disposer & License #			Signature of Direct Disposer & License #		Date signed	Page ___ of ___