

## 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

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 <b>refrigerated</b> :				Name and license # of <b>removal service</b> (s) used in this reporting period:		
Name and license # of facility(s) where bodies are <b>cremated</b> :						
Name of deceased	Date of death mm/dd/yy	Date of disposal mm/dd/yy	License # of cinerator facility	Direct disposer who completed contract	County of death	Burial transit permit #
<b>TOTAL BODIES REPORTED:</b>						
We the undersigned depose and say that we personally supervised the cases indicated above. Direct disposition was accomplished in accordance with: rule 69K, Florida Administrative Code (or successor rules), and Part 6 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