

CINERATOR 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 Cinerator facility: | | License #: | | Phone #: () - | | | This report is for Month: Year: | | |
|--|-----------------|---------------------------|-----------------------------------|------------------------|----|-----|--|------------------------|----------------------------|
| Cinerator facility establishment address: | | | | | | | | | |
| Name and license # of removal service(s) used in this reporting period: | | | | | | | | | |
| Name of deceased | County of death | Date of death mm/dd/yy | Date of cremation mm/dd/yy | Container type | | | Name of Cremator | License # of FE/DDE | Burial transit permit # |
| | | | | Cdbd | Wd | Mtl | | | |
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| TOTAL BODIES REPORTED: | | | | | | | | | |
| This is to certify that the following were cremated at the above crematory. Said remains were received and cremated in a container approved by the rules and regulation of the Florida Board of Funeral, Cemetery, and Consumer Services . The 48-hour time period had elapsed before the decedents were cremated. | | | | | | | | | |
| Signature of Cremator & License # | | | Signature of Cremator & License # | | | | License number of funeral director or direct disposer in charge: | | |
| Signature of Cremator & License # | | | Signature of Cremator & License # | | | | Signature of funeral director or direct disposer in charge: | | |
| Signature of Cremator & License # | | | Signature of Cremator & License # | | | | Date signed / / | | Page of |