

# 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

Name of funeral establishment:			License #:	Phone #: (    )    -	This report is for Month:            Year:		
Funeral establishment address:							
Name and license # of facility(s) where bodies are <b>refrigerated</b> :				Name and license # of facility(s) where bodies are <b>embalmed</b> :			
Name and license # of facility(s) where bodies are <b>cremated</b> :				Name and license # of <b>removal service</b> (s) used in this reporting period:			
Name of deceased	Date received mm/dd/yy	Date of death mm/dd/yy	Date embalmed mm/dd/yy	Name of embalmer	Method of disposal	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. Embalming was accomplished by arterial and/or cavity injection of a standard embalming fluid in accordance with: rule 69K, Florida Administrative Code (or successor rules), 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