

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 32399-0361

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	Date of cremation	Container type			Name of Cremator	License # of FH/KB	Burial transit permit #
				Cdbd	Wd	Mtl			
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 ___
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