CENTRALIZED EMBALMING 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 centralized embalming facility:	License #:	Phone #: ( ) -	This report is for Month: Year:

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 #
						TOTAL BODIES REPORTED:	

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 61K, Florida Administrative Code (or successor rules), and Part III of Chapter 497, Florida Statutes.

Signature of embalmer & License #	Signature of embalmer & License #	Signature of embalmer in charge:	
Signature of embalmer & License #	Signature of embalmer & License #	License number of embalmer in charge:	
Signature of embalmer & License #	Signature of embalmer & License #	Date signed / /	Page of