

Embalming Report Form

IDENTIFICATION

Date: ___/___/___
Case Number: _____ Deceased Name: _____ ID Tag Present: ___ No ___ Yes
Gender: ___ Female ___ Male Age: _____ Weight: _____ Height: _____ Race: _____
Cause of Death: _____
Place of Death: _____ Date of Death: ___/___/___ Time: _____ am ___ pm
Removed from: _____ Date Received: ___/___/___ Time: _____ am ___ pm
Removed by: _____ Funeral Home in Charge: _____
Embalming Authorization Secured: ___ No ___ Yes By: _____ (see Embalming Authorization Form)
Embalmed by: _____ License Number: _____

PROPERTY RECORD

Clothing: ___ No ___ Yes Description: _____
Jewelry: ___ No ___ Yes Description: _____
Cash: ___ No ___ Yes \$ _____ Dentures: ___ None ___ Upper ___ Lower
Other Property: ___ No ___ Yes Description: _____
Received by: _____ Date Received: ___/___/___ Time _____ am ___ pm
Property Disposition: _____ Date: ___/___/___ Time _____ am ___ pm

PROCEDURES

Embalming Date: ___/___/___ Starting Time: _____ am ___ pm Ending Time: _____ am ___ pm
Mouth: ___ Injector Needle ___ Ligature ___ Dentures ___ Teeth ___ Cotton ___ Inr-Seel ___ Mouth Former Other: _____
Eye: ___ Cotton ___ Eye Caps ___ Glue ___ Stay Cream Other: _____
Arteries Injected: Carotid ___ L ___ R Femoral ___ L ___ R Axillary ___ L ___ R Other: _____
Veins Drained: Jugular ___ L ___ R Femoral ___ L ___ R Axillary ___ L ___ R Other: _____
Drainage: ___ Drain Tube ___ Forceps ___ Intermittent ___ Continuous
Aspiration: ___ Delayed ___ Immediate Re-Aspiration: ___ No ___ Yes When: _____
Was Embalming Completed Without Incident? ___ No ___ Yes (if "No" an Incident Report MUST be Completed)
Were Universal Precautions Used? ___ No ___ Yes If No Explain: _____

CHEMICAL/PRODUCTS USED

	No. of Oz./ml.		No. of Oz./ml.
Disinfectant: _____	_____	Arterial: _____	_____
Cauterant: _____	_____	Humectant: _____	_____
Water Corrective: _____	_____	Tinctorial Agent: _____	_____
Pre-Injection: _____	_____	Cavity Chemical: _____	_____
Co-Injection: _____	_____	Other Chemical: _____	_____
Water: _____	_____		_____

Areas of Hypodermic Injection: _____
Total Quantity of Solution Injected Arterially: _____
Embalming Machine Used: _____ Pressure: _____ lbs. Rate of Flow: _____
Areas Topically Embalmed: _____
Feature Building Done: ___ No ___ Yes Where: _____
Cosmetic Products Used: _____
Plastic Garments Used: ___ No ___ Yes Where: _____

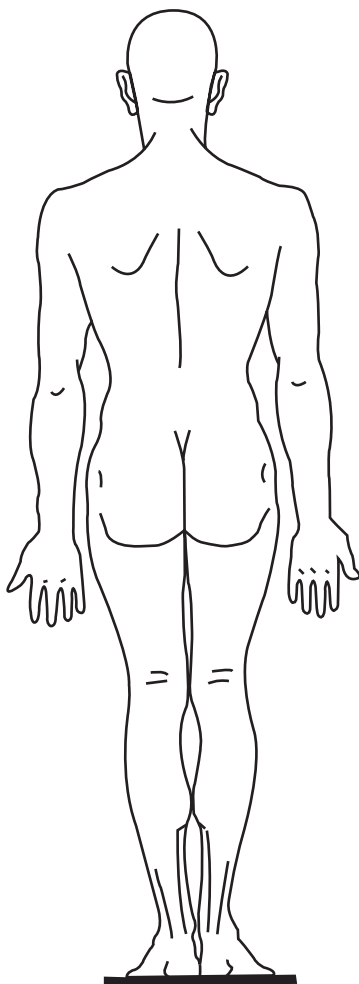
CONDITION OF REMAINS AFTER EMBALMING:

Cosmetics by: _____
Restoration by: _____ Hair by: _____
Dressing & Casketing by: _____

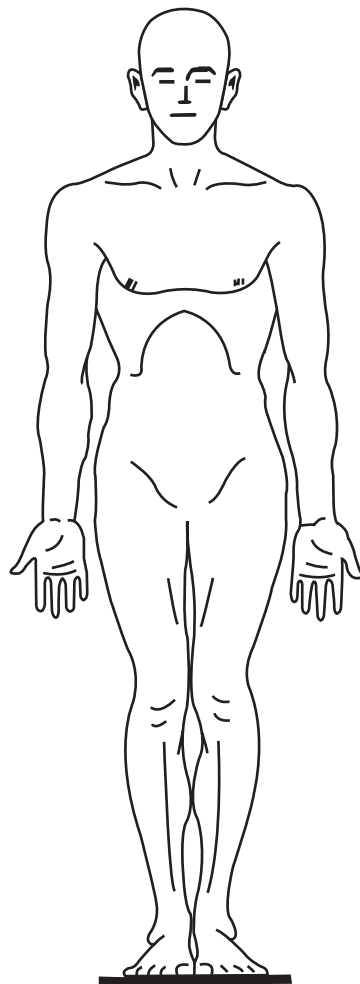
IDENTIFICATION CHART

PLEASE MARK ON BODY CHARTS ANY IDENTIFYING SCARS WOUNDS OR INCISIONS

Width _____ Inches/cm



Height _____ Inches/cm



- | | | |
|--|---|--|
| <ul style="list-style-type: none"> 1 Amputation 2 Autopsy Incision 3 Birthmark 4 Burn 5 Cast 6 Catheter, IV 7 Catheter, Urinary 8 Decomposition 9 Decubitus Ulcers 10 Dehydration 11 Ecchymosis (no swelling) 12 Edema | <ul style="list-style-type: none"> 13 Emaciation 14 Gas 15 Hematoma (swollen) 16 IV Leak 17 Jaundice 18 Livor Mortis 19 Mutilation 20 Odor 21 Open Sores 22 Organ Donation Trauma 23 Pacemaker 24 Purge | <ul style="list-style-type: none"> 25 Rigor Mortis 26 Scar 27 Skin Slip 28 Surgical Incision 29 Surgical Staples 30 Swelling 31 Tattoo 32 Tissue Donations 33 Tracheotomy 34 Traumatic Wound 35 Tumor 36 _____ |
|--|---|--|

CONDITION OF REMAINS WHEN RECEIVED

Refrigerated: No Unknown Yes How Long: _____ hrs./days Thawed before Embalming: No Yes

Organ Donor: No Eyes Skin Bones Internal Organs Other: _____

Autopsy: None Full Abdominal Cranial Thoracic Spinal Viscera Returned: No Yes Partial

Disposition of Viscera: _____

Other Conditions: _____
