EMBALMING LOG SHEET

Required information as per Title 46, Part XXXVII, Chapter 11, §1107.B.2.l. are the highlighted columns

	Name of	Date of	Place of embalming (if	Date & Time	Date & Time	Coroner	Ship	Infant	Cremate	P&E	Infectious	Final Disposition	Signature & License # of Embalmer	Intern
1	Deceased	Death	at other establishment)	START	STOP	YES / NO	In / Out	Yes / No	Yes / No	Yes / No	Case	of Remains	If Trade Embalmer, please note "Trade"	Initials
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2														
3														
4														
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6														
7														
8														
9														
10														
11														
12														