**EMBALMING LOG SHEET** 

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

	Name of		Place of embalming (if at other establishment)		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
2														
3														
4														
5														
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8														
9														
10														
11														
12														

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