

# 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.

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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: \_\_\_\_\_

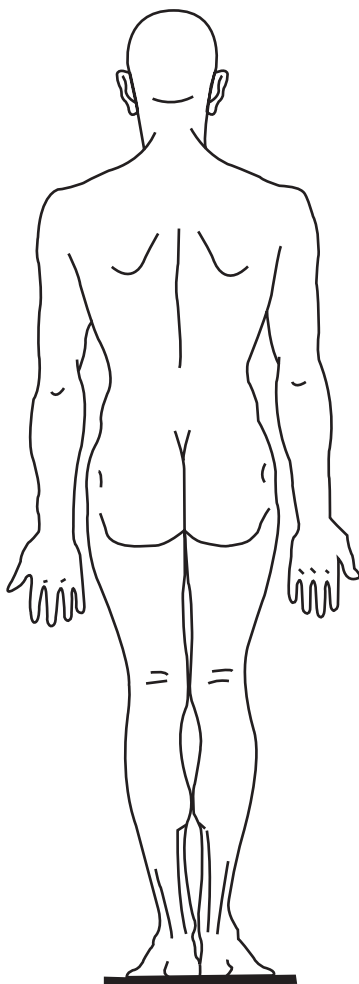
Restoration by: \_\_\_\_\_ Hair by: \_\_\_\_\_

Dressing & Casketing by: \_\_\_\_\_

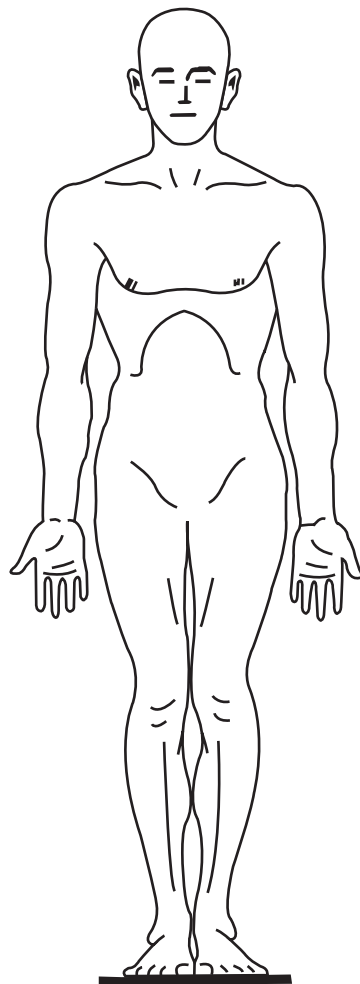
# IDENTIFICATION CHART

PLEASE MARK ON BODY CHARTS ANY IDENTIFYING SCARS WOUNDS OR INCISIONS

Width \_\_\_\_\_ Inches/cm



Height \_\_\_\_\_ Inches/cm



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

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_