



State of Ohio
Board of Embalmers and Funeral Directors

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EMBALMER REPORT

REPORT # _____ DATE _____

Apprentice's Name: _____ Registration# _____
Currently in month _____ of a _____ month apprenticeship.

Master's Name: _____
Funeral Home Name: _____
Funeral Home Address: _____
Funeral Home County: _____
Daytime Phone: _____

IDENTIFICATION

Name of deceased: _____
Date of Death: _____
Time of Death: _____
Attending physician: _____
Place of removal: _____
Cause of death: _____
Personal effects: _____

Identifying marks and deformities:

Age: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Race: _____
Approx. Weight: _____ Approx. Height: _____
Teeth: UPPER Natural False None Teeth: LOWER Natural False
None

CONDITION OF BODY PRIOR TO EMBALMING (circle all that apply)

Evidence of Disease	Eruptions	Gas
Emaciation	Skin Slip	Mutilations
Evidence of Surgery	Post-mortem Pigmentation	Purge
Evidence of External Wound	Tumors	Rigor Mortis
	Ulceration	Other

Autopsy: (type) _____

Organs or body parts donated: _____

Type of Accident: Drowning Suicide Homicide N/A

What was different about this body and how did it affect your embalming process?

EMBALMING Be specific to this case when indicating vessels used and amounts of fluid

Actual Embalmer _____

Elapsed time between death and start of embalming _____

Arteries used in injection _____

Veins used for drainage _____

Auxiliary drainage methods used _____

Method of injection: Hand Pump Gravity Pressure Machine

Fluids used (trade name) _____

Pre-injection Arterial Cavity

Arterial Fluids dilution (oz/gallon): _____

Cavity fluids (oz injected undiluted): _____

Other cavity treatment: _____

Parts receiving poor circulation: _____

Treatment: _____

Restorative art treatment: _____

Cosmetics used: _____

Length of time required to complete operation: _____

Describe what was unique about this embalming. What problems did you encounter? Were there any circulatory problems? If this was a difficult embalming what made it that way?

CONDITION OF BODY AFTER EMBALMING

Condition of body at completion of operation: _____

Condition of body at time of funeral: _____

Special post-embalming treatment required: _____

Remarks by apprentice: _____

What did you learn from this embalming? _____

Indicate Below Your Level of Participation in each Task on this Case:

(P) Performed (A) Assisted (O) Observed (N) No Involvement

Apprentice Participation	Embalming Task	Master Comments
	Verified permission to embalm from authorizing agent	
	Used universal precautions	
	Removed from stretcher or cot to preparation table	
	Positioned on preparation table	
	Performed pre-embalming analysis	
	Bath, shampoo and disinfect	
	Set facial features	
	Discussed and selected of injection and drainage sites	

	Discussed and selected techniques for raising vessels	
	Discussed and selected chemical mixture	
	Discussed and selected injection and drainage methods	
	Operated and maintained embalming machine	
	Performed maintenance	
	Discussed and selected aspiration techniques	
	Discussed and selected cavity treatment	
	Discussed and selected methods of closing incisions	
	Discussed and selected suturing techniques	
	Performed restorative techniques	
	Assisted in preparation of remains for viewing	
	Assisted in dressing	
	Assisted in cosmetizing	
	Assisted in casketing	
	Assisted in scheduling and observing the beautician, barber or cosmetologist	

I attest to the completeness and accuracy of the information contained on this report.

Signed and certified by:

Printed name of Apprentice

Registration #

Signature of Apprentice

Daytime Phone

I certify that this is an accurate report on the participation of the above-named apprentice in this case.

Signed and certified by:

Printed name of Master

License #

Signature of Master

Daytime Phone

Completion of this form is required by Administrative Rules 4717-4-03(B)(4), 4717-4-03(B)(6), 4717-4-04(B)(4), and 4717-4-04(B)(6)