



STATE OF NEW HAMPSHIRE
BOARD OF REGISTRATION OF FUNERAL DIRECTORS AND EMBALMERS

7 Eagle Square
Concord, NH 03301
(603) 271-4648
FAX (603) 271-5056

APPRENTICE EMBALMING FORM
(Please Print or Type)

Apprentice

Unassisted Report No. _____

Assisted Report No. _____

Current Apprenticeship License period from: _____ to _____

Name of Apprentice: _____ (First) _____ (Last) Apprentice Lic. No. _____

Name of Licensed Sponsor: _____ (First) _____ (Last) License No. _____

Name and Location of Funeral Home: _____

Deceased

Name: _____ Date of Birth: _____

Address: _____

Place of Death: _____ Date of Death: _____

Primary Cause of Death: _____ Time of Death: _____

Receipt of Body

Date and Time Received: _____ Receiving Funeral Home: _____

Attendants on First Call: _____

Pre Embalming Condition Of Body (Check all that apply)

- | | |
|---|--|
| _____ Straight (non-posted) | _____ Partial or Full Autopsy (describe) _____ |
| _____ Emaciated/Dehydrated | _____ Edematous/Dropsical _____ Purge |
| _____ Tissue Gas | _____ Odor _____ Skin Slip |
| _____ Discoloration | _____ Rigor Mortis _____ Mutilations |
| _____ Jaundice | _____ Organ and/or Tissue Donor (describe) _____ |
| _____ Surgery | _____ Other (describe) _____ |
| _____ Exposure to temperature extremes (describe) _____ | |

Embalming

Time between death and embalming _____ Body Refrigerated? YES NO

Arteries Used for Injection: _____

Veins Used for Drainage: _____

Type and index of arterial fluid used: _____ Rate of flow: _____

Method of Injection: Hand Pump _____ Gravity _____ Machine Pressure _____

Concentration of arterial fluid injected and number of gallons injected: _____

Type and amount of cavity fluid used: _____

Other supplemental chemicals or fluids used: _____

Did any of the following occur during embalming?

_____ Clearing	_____ Purge	_____ Distention of face or hands
_____ Firming	_____ Leakage	_____ Vascular problems

How were any problems encountered, rectified? _____

Check any of the following procedures completed:

_____ Undressed and washed body	_____ Disinfected/packed orifices
_____ Shaved	_____ Set features, including closing eyes/mouth
_____ Inserted cannulea/drain tubes	_____ Mixed and injected fluids
_____ Aspirated cavities, injected cavity fluid	_____ Treated cavities/viscera for autopsy case
_____ Reaspirate cavities	_____ Sutured/sealed incisions
_____ Treated skin slip and decubitus ulcers	_____ Washed body and prepared for dressing
_____ Dressed and casketed body	_____ Applied cosmetics, treated discoloration chemically
_____ Applied Restorative measures	_____ Cleaned/sanitized table, floor, prep room
_____ Washed/sterilized instruments	_____ Hypodermic treatment
_____ Chose injection site, made incisions, raised vessels	

Was the embalming operation completed without complication(s)? _____

Describe the complication(s) and methods used for correction. _____

I hereby state this is a true description of this case.

Signature of Apprentice: _____ Date: _____

Signature of Sponsor: _____ Date: _____

NOTE: Reports shall be filed MONTHLY with the Board of Registration of Funeral Directors and Embalmers, 7 Eagle Square, Concord, NH 03301