

## State of New Hampshire office of professional licensure and certification DIVISION OF LICENSING AND BOARD ADMINISTRATION

Board of Registration of Funeral Directors & Embalmers 7 Eagle Square, Concord, NH 03301-2412

Phone: 603-271-2152

## **APPRENTICE EMBALMING FORM**

(Please Print or Type)

<u>Apprentice</u>			Unassisted Report No	
				No
Current Apprenticeship Licen	se period from:		to	
Name of Apprentice:			Apprentice Lic. No.	
	(First)	(Last)		
Name of Licensed Sponsor: _			License No	
	(First)	(Last)		
Name and Location of Funera	al Home:			
<u>Deceased</u>				
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 tl	nat apply)		
Straight (non-posted)		Partial or Full Autop	Partial or Full Autopsy (describe)	
Emaciated/Deh	drated	Edomatous/Dronsic	اد	Durge

Tissue Gas	Odor	Skin Slip		
Discoloration	_ Rigor Mortis	Mutilations		
Jaundice	Organ and/or Tissue Donor (describe)			
Surgery	Other (describe)			
Exposure to temperature extremes (de	escribe)			
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:				
Method of Injection: Hand Pump	Gravity	Machine Pressure		
Concentration of arterial fluid injected and number	of gallons injected	d:		
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		Sutered/sealed incisions		
Treated skin slip and decubitis ulcers		Washed body and prepared for dressing		
Dressed and casketed body		Applied cosmetics, treated discoloration chemicall		
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