



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF FUNERAL SERVICES**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

## **EMBALMING REPORT**

### **INSTRUCTIONS**

Once the Board approves your internship, you will be notified of the beginning and ending dates. During this one-year period, you must complete and submit 25 embalming reports. You may submit the reports periodically, or you may submit all of them at the end of your internship.

***Upload this document to your account in DELPROS.***

# EMBALMING REPORT

Case No. \_\_\_\_\_  
Date \_\_\_\_\_  
Time started \_\_\_\_\_  
Time completed \_\_\_\_\_

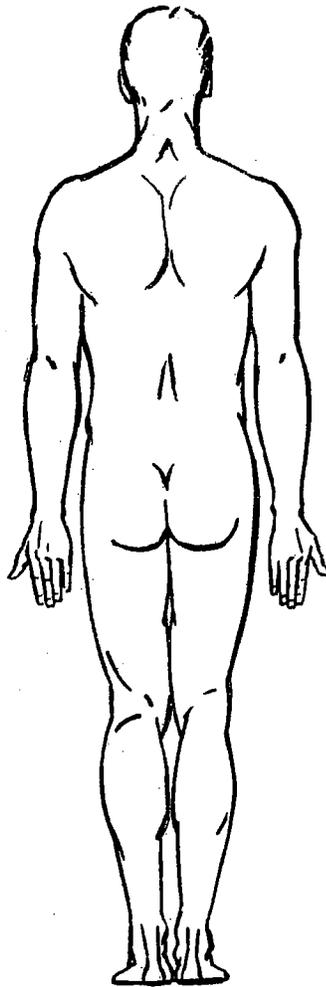
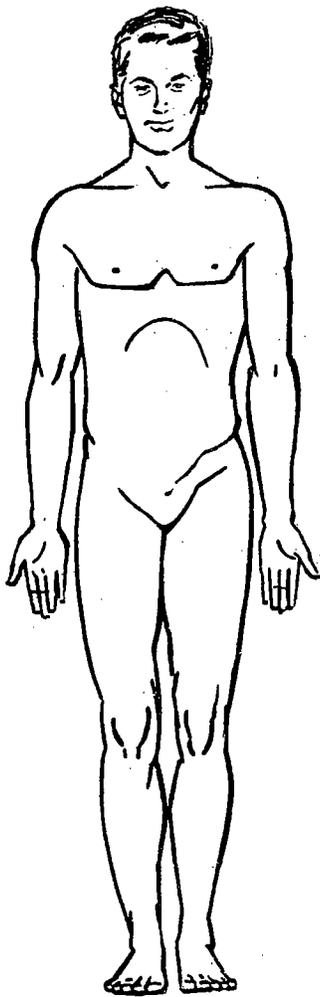
Deceased \_\_\_\_\_ Residence \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ lbs. Height \_\_\_\_\_ feet \_\_\_\_\_ in.  
Date of death \_\_\_\_\_ Time received \_\_\_\_\_  
Physician \_\_\_\_\_ Place of death \_\_\_\_\_  
Cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Contributory \_\_\_\_\_ Duration \_\_\_\_\_

## PRE-EMBALMING CONDITION

Operation before death:  No  Yes Type \_\_\_\_\_  
Autopsy performed:  No  Yes  Complete  Trunk  Cranial  Before embalming  After  
Time between death and autopsy \_\_\_\_\_ Released \_\_\_\_\_  
Body refrigerated:  No  Yes Duration \_\_\_\_\_  Frozen  Thawed  
Degree of rigor mortis:  Slight  Moderate  Intense  Body warm  Cold  
Abdominal distension:  Slight  Moderate  Intense  Liquid  Gas  
Purge before embalming:  No  Yes Purge after embalming:  No  Yes  
Dropsical condition:  Abdomen  Thorax  R. Leg  L. Leg  R. Arm  L. Arm  Face  
Jaundice:  None  Moderate  Acute Gangrene:  None  Moderate  Acute  
Abscesses, abrasions, sores, wounds \_\_\_\_\_  
Blood discolorations \_\_\_\_\_  
Other discolorations \_\_\_\_\_  
Comments \_\_\_\_\_  
Time between death and embalming \_\_\_\_\_ Weather conditions \_\_\_\_\_

## EMBALMING PROCEDURE

**Arteries injected:** Axillary R-L; Carotid R-L; \_\_\_\_\_ **Veins drained:** Axillary R-L; Jugular R-L; \_\_\_\_\_  
Brachial R-L; Iliac R-L; Femoral R-L. \_\_\_\_\_ Basilic R-L; Iliac R-L; Femoral R-L. \_\_\_\_\_  
Others \_\_\_\_\_ Others \_\_\_\_\_  
Injection method:  gallon dilution  half gallon  pulsating pressure  motorized  gravity  hand pump  bulb syringe  
Preinjection \_\_\_\_\_ 1. \_\_\_\_\_ ozs. 2. \_\_\_\_\_ ozs. 3. \_\_\_\_\_ ozs. 4. \_\_\_\_\_ ozs. 5. \_\_\_\_\_ ozs.  
Arterial fluid \_\_\_\_\_ 1. \_\_\_\_\_ ozs. 2. \_\_\_\_\_ ozs. 3. \_\_\_\_\_ ozs. 4. \_\_\_\_\_ ozs. 5. \_\_\_\_\_ ozs.  
Fluid modifier \_\_\_\_\_ 1. \_\_\_\_\_ ozs. 2. \_\_\_\_\_ ozs. 3. \_\_\_\_\_ ozs. 4. \_\_\_\_\_ ozs. 5. \_\_\_\_\_ ozs.  
Conditioner \_\_\_\_\_ 1. \_\_\_\_\_ ozs. 2. \_\_\_\_\_ ozs. 3. \_\_\_\_\_ ozs. 4. \_\_\_\_\_ ozs. 5. \_\_\_\_\_ ozs.  
Cavity fluid \_\_\_\_\_ Quantity used \_\_\_\_\_ ozs. Method \_\_\_\_\_  
Quality of drainage \_\_\_\_\_  Heavy clots  Medium  Light  
Distribution and exceptions \_\_\_\_\_  
Additional treatment \_\_\_\_\_  
Post embalming conditions to recheck \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Condition of body at completion of embalming \_\_\_\_\_ On second day \_\_\_\_\_ At time of service \_\_\_\_\_  
Other treatment required \_\_\_\_\_  
Additional remarks \_\_\_\_\_  
\_\_\_\_\_  
Embalmer \_\_\_\_\_ License No. \_\_\_\_\_ Assisted by \_\_\_\_\_



# IDENTIFICATION, COSMETIC AND DRESSING REFERENCE

Indicate on chart all identifying scars, moles, birthmarks, tattoos, missing digits, and special body characteristics:

**Description of items marked on chart**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Color hair \_\_\_\_\_ Color eyes \_\_\_\_\_ Teeth Dentures  U  L Natural  U  L None  U  L

Eyebrows \_\_\_\_\_ Moustache \_\_\_\_\_ Beard \_\_\_\_\_

Racial characteristics:  Caucasian  Latin  Indian  Oriental  Negroid

Complexion:  Very light  Light  Sallow  Ruddy  Tan  Dark  Very dark

Restorative treatment required \_\_\_\_\_

Cosmetic treatment \_\_\_\_\_

Cosmetics used \_\_\_\_\_

Restorative and cosmetic treatment by: \_\_\_\_\_ Assistant \_\_\_\_\_

Clothing: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_

Jewelry \_\_\_\_\_  Wedding band  Glasses

Hair styling \_\_\_\_\_

Special instructions \_\_\_\_\_

Dressing and casketing by: \_\_\_\_\_ Assistant \_\_\_\_\_

Services held at \_\_\_\_\_ Date \_\_\_\_\_ Interment \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_