



ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

APPRENTICE EMBALMER'S CASE REPORT

IMPORTANT

Per Rule V – Apprenticeship, (3), all case reports must be filed in the Board Inspector's office by the 10th of the month following the month in which work was actually performed.

Apprentice Embalmer's Name Apprenticeship No. Date Case Completed Case Number (e.g. 1, 2, ..., 50)

IDENTIFICATION SECTION:

Name of Deceased: Address:
Age at Death: Sex: Place of Death: DOD: Hour:
Cause(s) of Death: How ascertained?
Medical Attendant: Address: Phone:

CONDITION OF THE BODY: [Check All That Apply]

Body Temp: Mutilated? Yes No
Was an autopsy performed? Yes No
Moisture Content: Emaciated Normal Dropsical Slip Skin? Yes No
Purge: Yes No
Gaseous Swelling? Yes No
Discoloration: Pink Blue Red Yellow Black
Circulatory Trouble? Yes No
Time between death and embalming: Was Rigor Mortis relieved? Yes No
Arteries used in injection: Veins for drainage:

TREATMENT:

Was a pre-injection fluid used? Yes No
Strength: Amount/Volume:
Type(s) of fluid used: A B C
Condition of the body at completion of procedure:
How long under observation? Condition at funeral:
Weather conditions:

NARRATION REQUIRED: On Page 2 of this report form, describe, in detail, the condition of the body prior to embalming and the embalming procedure.

Apprentice Embalmer's Signature Date Signed

I certify that the information contained in this case report is a true and correct statement of the work done on the above-referenced deceased body and that this work was done under my direct supervision.

Licensed Embalmer's Signature (Mentor) Date Signed Mentor's Board ID No.

IMPORTANT: All portions of this form MUST BE COMPLETED or the case report will not be accepted

APPRENTICE EMBALMER'S CASE REPORT (CONTINUED)

Apprentice Embalmer's Name

Apprenticeship No.

Date Case Completed

Case Number (e.g. 1, 2, ..., 50)

COMMENTS / DESCRIPTIONS / NOTES:

NOTE: The Comments/Descriptions/Notes for each new case should be an *original narrative* – not copied or “cut-and-pasted” from previous case reports.

Any attachments to this case report form should include the **Apprentice Embalmer's Name** and **Case Number** for reference purposes.

Return Completed Case Report To: Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov

Apprentice Embalmer's Case Report (Rev. 2020-02)