



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. The report may be **mailed**, **e-mailed** (as a scanned attachment), or **faxed**, but it must be received by the Inspector by the close of business on the 10th day of the month. If the 10th day of the month falls on a weekend day or state holiday, then the report is due by the close of business on the first business day following the weekend or holiday.

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 If "Yes," please describe. (Use Page 2 of this report form, if necessary.) _____

Was an autopsy performed? ☐ Yes ☐ No (Use Page 2 of this report form to describe.) _____

Moisture Content: Emaciated _____ Normal _____ Dropsical _____ Slip Skin? ☐ Yes ☐ No

If "Yes" to Slip Skin, location: _____

Purge: ☐ Yes ☐ No If "Yes," nature and source: _____

Gaseous Swelling? ☐ Yes ☐ No If "Yes," location: _____

Discoloration: ☐ Pink ☐ Blue ☐ Red ☐ Yellow ☐ Black

Circulatory Trouble? ☐ Yes ☐ No If "Yes," describe: _____

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 If "Yes," what kind(s): _____

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:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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