



HOMEBOUND

BECAUSE QUALITY EMBALMING MATTERS

IDENTIFICATION

Date: ___/___/___

Case Number: _____ Deceased Name: _____ ID Tag Present: ___ No ___ Yes

Gender: ___ Female ___ Male Age: _____ Weight: _____ Height: _____ Race: _____

Cause of Death: _____

Place of Death: _____ Date of Death: ___/___/___ Time: _____ am pm

Removed from: _____ Date Received: ___/___/___ Time: _____ am pm

Removed by: _____ Funeral Home in Charge: _____

Embalming Authorization Secured: ___ No ___ Yes By: _____ (see Embalming Authorization Form)

Embalmed by: _____ License Number: _____

PROPERTY RECORD

Clothing: ___ No ___ Yes Description: _____

Jewelry: ___ No ___ Yes Description: _____

Cash: ___ No ___ Yes \$ _____ Dentures: ___ None ___ Upper ___ Lower

Other Property: ___ No ___ Yes Description: _____

Received by: _____ Date Received: ___/___/___ Time _____ am pm

Property Disposition: _____ Date: ___/___/___ Time _____ am pm

PROCEDURES

Embalming Date: ___/___/___ Starting Time: _____ am pm Ending Time: _____ am pm

Mouth: ___ Injector Needle ___ Ligature ___ Dentures ___ Teeth ___ Cotton ___ Inr-Seal ___ Mouth Former Other: _____

Eye ___ Cotton ___ Eye Caps ___ Glue ___ Stay Cream Other: _____

Arteries Injected: Carotid ___ L ___ R Femoral ___ L ___ R Axillary ___ L ___ R Other: _____

Veins Drained: Jugular ___ L ___ R Femoral ___ L ___ R Axillary ___ L ___ R Other: _____

Drainage: ___ Drain Tube ___ Forceps Intermittent ___ Continuous

Aspiration: ___ Delayed ___ Immediate Re-Aspiration: ___ No ___ Yes When: _____

Was Embalming Completed Without Incident? ___ No ___ Yes (if "No" an Incident Report MUST be Completed)

Were Universal Precautions Used? ___ No ___ Yes If No Explain: _____

CHEMICAL/PRODUCTS USED

No. of Oz./ml.

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Disinfectant: _____ Arterial: _____

Cauterant: _____ Humectant: _____

Water Corrective: _____ Tinctorial Agent: _____

Pre-Injection: _____ Cavity Chemical: _____

Co-Injection: _____ Other Chemical: _____

Water: _____

Areas of Hypodermic Injection: _____

Total Quantity of Solution Injected Arterially: _____

Embalming Machine Used: _____ Pressure: _____ lbs. Rate of Flow: _____

Areas Topically Embalmed: _____

Feature Building Done: ___ No ___ Yes Where: _____

Cosmetic Products Used: _____

Plastic Garments Used: ___ No ___ Yes Where: _____

CONDITION OF REMAINS AFTER EMBALMING:

Cosmetics by: _____

Restoration by: _____ Hair by: _____

Dressing & Casketing by: _____