**FUNERAL ESTABLISHMENT – MONTHLY REPORT OF CASES EMBALMED AND BODIES HANDLED**

Mail to: Division of Funeral, Cemetery & Consumer Services, Attn: Monthly Reports, Larson Building, 200 E. Gaines Street, Tallahassee FL 32399

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| --- | --- | --- | --- |
| Name of funeral establishment:Yates Funeral Home & Cremation Services | License #:F048144 | Phone #: (772) 461-7000 | This report is forMonth: Year: |
| Funeral establishment address:1101 S US Highway 1, Fort Pierce, FL 34950 |
| Name and license # of facility(s) where bodies are **refrigerated**:St Lucie Crematory, F048143 | Name and license # of facility(s) where bodies are **embalmed:** Yates Funeral Home & Cremation Services, F048144 |
| Name and license # of facility(s) where bodies are **cremated**:St Lucie Crematory, F048143 | Name and license # of **removal service**(s) used in this reporting period: Tri-County F047495, Reliable Solutions F056365 |

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| Name of deceased | Date received mm/dd/yy | Date of deathmm/dd/yy | Date Embalmedmm/dd/yy | Name of Embalmer | Method of disposal | County of death | Burial transit permit # |
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| **TOTAL BODIES REPORTED:**  |
| We the undersigned depose and say that we personally supervised the cases indicated above. Embalming was accomplished by arterial and/or cavity injection of a standard embalming fluid in accordance with: rule 69K, Florida Administrative Code (or successor rules), and Part III of Chapter 497, Florida Statutes. |
| Signature of funeral director/embalmer & License # | Signature of funeral director/embalmer & License # | Signature of funeral director in charge: |
| Signature of funeral director/embalmer & License # | Signature of funeral director/embalmer & License # | License number of funeral director in charge:F042510 |
| Signature of funeral director/embalmer & License # | Signature of funeral director/embalmer & License # | Date Signed | Page of  |

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