New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Mortuary Science of New Jersey
124 Halsey Street, 6th floor, P.O. Box 45009
Newark, New Jersey 07101 .
(973) 504 -6425

Report of Monthly Embalmings and Funerals

Instructions

1. Record every funeral arrangement, embalming and funeral attended for which you are claiming credit during the month.

2. Complete the totals on the bottom of the report.

3. The report sent to the State Board of Mortuary Science of New Jersey must be dated and post marked by the 15th day of the month following the month reported. (For example: Your report for February 2002 must be filed no later than March 15, 2002.)

4. Funeral arrangements, embalmings and funerals attended, for which credit is being claimed, are to be recorded on the report for the entire period of internship even if you exceed the required 25 funeral arrangements, 75 embalmings and 75 funerals attended.

5. The preceptor and the intern are to retain a copy of every report.

Intern's number: _____

Intern's name: _____   Expiration date: _____

Preceptor's name: _____   License number: _____

Name of funeral home: _____   Telephone number: _____
                                                                                                   (include area code)

Address of funeral home: _____
                                         Street address   City   State   ZIP code

This report is being filed for: Month: _____   Year: _____

Please Note:

1. Credit for a funeral may be claimed when a body is prepared in another state and interred or cremated in the State of New Jersey.

2. Credit for a funeral arrangement, embalming and funeral attended may be claimed when a body is embalmed and shipped to another state.

Once completed please send this form to: MortuaryScience@dca.njoag.gov

Name of deceased	Place of death	Date of funeral arrangements	Date of embalming	Date of funeral
Number of cases filed in this report				
Balance forwarded from last report				
Total number of cases to date				

Supervising licensee's signature: _____ Date: _____

Intern's signature: _____ Date: _____