



**Minnesota Department of Health**  
 Internship Embalming/Funeral Case Report Form  
 Mortuary Science Section  
 Minnesota Department of Health  
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Intern's Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Intern#: I- \_\_\_\_\_  
 Date of Embalming: \_\_\_\_\_ Sex \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Autopsied Case: Yes or No (circle)  
 Beginning Embalming Time: \_\_\_\_\_ Ending Embalming Time: \_\_\_\_\_

**PRE-EMBALMING ANALYSIS**

Indicate with a check mark any of the conditions you observe.

- |                    |                           |                         |                                 |
|--------------------|---------------------------|-------------------------|---------------------------------|
| _____ emaciation   | _____ edema               | _____ burns             | _____ trauma                    |
| _____ obesity      | _____ gangrene            | _____ purge             | _____ decomposition             |
| _____ livor mortis | _____ jaundice            | _____ arthritis         | _____ odor                      |
| _____ rigor mortis | _____ skin surface stains | _____ compound fracture | _____ skin slip                 |
| _____ hemorrhage   | _____ eye enucleation     | _____ organ donation    | _____ bone/skin/tissue donation |

Describe the conditions: \_\_\_\_\_

What is the post-mortem interval (in hours) before the start of Embalming? \_\_\_\_\_

**BODY PREPARATION**

EMBALMING REPORT #(1-25): \_\_\_\_\_

Observation of and active participation in body preparation. Indicate your involvement by circling the appropriate bracket to indicate: [CP] Completed Procedure Unassisted; [A] Assisted Preceptor; [O] Observed the Procedure; or [N] No Involvement in the Procedure.

- [CP] [A] [O] [N] Bathed & sanitized body [CP] [A] [O] [N] Selected arterial injection chemicals  
 [CP] [A] [O] [N] Set embalming machine pressure & rate of flow [CP] [A] [O] [N] Removed facial hair  
 [CP] [A] [O] [N] Posed facial features [CP] [A] [O] [N] Raised artery (ies)/vein(s) [CP] [A] [O] [N] Sutured incisions

**Arteries injected:** (Circle the appropriate bracket to indicate vessels used.)      **Drainage sites:** (Circle the appropriate bracket)

- Common Carotid [R] [L] Femoral [R] [L] Axillary [R] [L] Brachial [R] [L] Internal Jugular [R] [L] Femoral [R] [L]  
 Int./Ext. Iliac [R] [L] Radial [R] [L] Ulnar [R] [L] Subclavian [R] [L] Other: \_\_\_\_\_

**Chemicals used:** (On the back of this sheet, please indicate any additional chemicals used not specified below).

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	Total ounces used
Main arterial fluid: Name _____ Ounces per gallon _____	_____	_____	_____	_____	_____	_____
(Include index #)						
Pre-/co-injection: Name _____ Ounces per gallon _____	_____	_____	_____	_____	_____	_____
& Accessory fluids: Name _____ Ounces per gallon _____	_____	_____	_____	_____	_____	_____
Name _____ Ounces per gallon _____	_____	_____	_____	_____	_____	_____
Total volume of arterial solution injected: _____ gallons						

**Cavity work:** (Circle the appropriate bracket)

- [CP] [A] [O] [N] Cavity aspiration      [CP] [A] [O] [N] Cavity injection      [CP] [A] [O] [N] Cavity re-aspiration

**If the body was autopsied...**

- [CP] [A] [O] [N] Prepared the viscera      [CP] [A] [O] [N] Applied cavity chemicals to the viscera      [CP] [A] [O] [N] Participated in restoration of the body

**Give brief explanation for the chemicals you selected:**

\_\_\_\_\_ Total cavity chemical injected/used: \_\_\_\_\_  
 ounces