

## FUNERAL PRACTITIONER'S MONTHLY REPORT OF DEATHS

DEPARTMENT OF HEALTH AND HUMAN SERVICES VITAL RECORDS UNIT

SFN 8148 (5-2023)

REPORT IS DUE ON THE 5TH DAY OF EACH MONTH

Report For Month and Year Date Rep

Date Report Completed

Name of Funeral Establishment	Reporting Person		Telephone Number
Address	City	State	ZIP Code

Name of Deceased	Date of Death	Place of Death (City or County)	Name of Establishment First Assuming Custody of Body	Name of Establishment Responsible for Final Disposition	Registration District Where Record Filed

Name of Deceased (continued)	Date of Death	Place of Death (City or County)	Name of Establishment First Assuming Custody of Body*	Name of Establishment Responsible for Final Disposition *	Registration District Where Certificate Filed

## CHANGE OF PERSONNEL

(Licensed personnel hired or terminated during month.)

Name - Newly Employed	License Number
Name - Terminated	License Number
List License Numbers of All Embalmers in Establishment	

Report Any Change in Name of Establishment, Mailing Address, or Telephone Number

Signature of Reporter

INSTRUCTIONS: INCLUDE IN THIS REPORT ALL CASES IN WHICH YOUR ESTABLISHMENT HAD ANY INVOLVEMENT, whether you handled all arrangements; whether body was shipped in from a funeral director in a neighboring area or another state; whether you only embalmed the body for another firm or picked up the body for another firm; or whether you sold the casket only with no other service provided.

Report must be made by the FIFTH day of each month to:

VITAL RECORDS 600 E BOULEVARD AVENUE DEPT 325 BISMARCK, ND 58505-0250