



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