



**Secretary of State
Office of Professional Regulation**

**FUNERAL SERVICE
Affidavit of Experience**

Applying for: _____ Funeral Director _____ Embalmers

TO BE COMPLETED BY THE SUPERVISING FUNERAL DIRECTOR

Name of Applicant	
Name of Funeral Establishment:	
Date Employment Began	
Date Employment Ended	
I also acknowledge that the above named as assisted in directing a minimum of 30 funerals under my supervision.	
Signature of Applicant	Date

TO BE COMPLETED BY SUPERVISING LICENSED EMBALMER

Name of Applicant	
Name of Funeral Establishment:	
Date Employment Began	
Date Employment Ended	

Signature of Supervising Funeral Director	
Date	
License Number	
Name of Funeral Establishment	
Mailing Address	
City/State/Zip	