



Secretary of State
Office of Professional Regulation

FUNERAL SERVICE
Affidavit of Apprenticeship Experience
Competencies

To be completed by the Supervising Funeral Embalmer

Name of Apprentice:	
Name of Establishment:	
License # of Funeral Establishment: 023. _____	
This is to certify that the above-named apprentice was in regular attendance from the dates listed.	To: ___ / ___ / ___ From: ___ / ___ / ___
Total # of Months: _____	Total # of Days: _____
Total # of Embalming's: _____	

The above-mentioned applicant has become proficient in the following competencies to my satisfaction (Check all that apply).

- 20 Embalming's of human bodies

ATTESTATION

I hereby certify that all information provided above is true and accurate to the best of my knowledge.

Signature of Supervisor

Date

Printed Name of Supervisor
