Change of Supervisor.....Apprentice Affidavit

Kentucky Board of Embalmers & Funeral Directors
9114 Leesgate Rd Ste 4, Louisville, KY 40222

In the event that your supervisors are replaced during your apprenticeship period, this statement must be completed and submitted to this office within thirty (30) days of said change of supervisors.

I hereby request that the name(s) of the supervisor(s) for my apprenticeship be changed as follows:

Original Supervisor for Funeral Directing:

Name Printed _____ License # _____

Signature _____ Date _____

Original Supervisor for Embalming:

Name Printed _____ License # _____

Signature _____ Date _____

Current Supervisor for Funeral Directing:

Name Printed _____ License # _____

Signature _____ Date _____

Current Supervisor for Embalming:

Name Printed _____ License # _____

Signature _____ Date _____

Funeral Home _____ Address _____

Apprentice Name _____ Apprentice Signature _____ Date _____