

Kentucky Board of Embalmers and Funeral Directors

**Level II Apprentice Registration Form**

(201 KAR 15:050 Section 4(1)(b), (2)(b), and (3)(b))

Name of registered apprentice: \_\_\_\_\_  
Registered Supervisor(s): \_\_\_\_\_ Lic. # \_\_\_\_\_  
Funeral Home: \_\_\_\_\_  
F.H. Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Beginning Date of Registered Apprenticeship: \_\_\_\_\_  
Months of Apprenticeship Served: \_\_\_\_\_ Number of cases: \_\_\_\_\_

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I \_\_\_\_\_ certify that I have completed the 25 cases  
Apprentice  
and the 6 months of apprenticeship required for the Level II Apprenticeship status.

\_\_\_\_\_  
Signature of Apprentice

I \_\_\_\_\_ and \_\_\_\_\_  
Funeral Director Supervisor Embalmers Supervisor

certify that \_\_\_\_\_ is currently serving an  
Apprentice  
apprenticeship under my (our) supervision and has met the necessary requirements for the Level II Apprenticeship status. **[This includes 25 removals, 25 funerals and/or 25 bodies embalmed and 6 months of apprenticeship.]**

I further give my approval for the apprentice to assume these duties without direct supervision although I will be available for consultation and supervision. I understand that my license will be held responsible for the actions of the apprentice.

\_\_\_\_\_  
Signature of Funeral Director Supervisor Signature of Embalmers Supervisor

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Subscribed and sworn to before me by \_\_\_\_\_,  
and \_\_\_\_\_ this  
the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_,  
County \_\_\_\_\_

\_\_\_\_\_  
Notary