

# Apprentice Travel Form

Last Name

I am registered as (choose from below)

First Name

☐ Funeral Director

☐ Embalmer

Funeral Home Name

City

Name of Supervisor

License Number

The information below is to be filled out at the Funeral Home where you work on your extra cases. Write information on calendar. Keep form with calendar.

On this date

I traveled to

City

I worked for Funeral Home Name

Name of Supervisor

License Number

Name of Deceased

I assisted with: ☐ Embalming ☐ Removal ☐ Funeral Service ☐ Arrangements ☐ Dressing of Body ☐ Other

If you chose "Other" please explain \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Apprentice \_\_\_\_\_ Date \_\_\_\_\_  
Signature