

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. As described in 201 KAR 15:050 section 3(5)

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

Signature

Date

Apprentice

Signature

Date
