

Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222

Office: 502-426-4589 Email: KBEFD@ky.gov

Apprenticeship Sworn Statement

Reporting Period: From October 16 to April 15 - Due May 1 in the office

Funeral Director/Embalmer: Please read KRS 316.150 before signing this report. Failure to file this statement by the prescribed time may result in disciplinary action. This form **MUST** be typed.

Name: _____ Hours working per week: _____

Phone #: _____ Last 4 SSN: _____

Employer: _____ License #: _____

Employer Address: _____

Email: _____

Personal

Establishment

FD Supervisor: _____ EMB Supervisor: _____

Apprenticeship Salary received: _____

1. Attach a book review. The review can be from a textbook or a magazine relating to the profession. Must include a citation page. It should be **two full pages** in length, **typed and double spaced**. The font should be no larger than **12-point, one-inch margins**. (Your first report must be on the Kentucky Laws.)
2. Please check the items that you have assisted with in this reporting period:

Funeral Director Apprenticeship

- Driving/Parking Funeral Cars
- ☐ Caring for Equip/Supplies
- ☐ Arrangements w/Family
- ☐ Preparing Death Certificates
- ☐ Checking & Arranging Flowers
- ☐ Preparing Newspaper Notices
- ☐ Receiving Visitors at Funerals
- ☐ Arrangements w/Clergy
- ☐ Assisting w/Funeral Services
- ☐ Assisting w/Internment

Embalmer Apprenticeship

- ☐ Bathing Bodies
- ☐ Posing Body & Features
- ☐ Mixing Fluid
- ☐ Injecting Fluid
- ☐ Dressing & Casketing
- ☐ Incisions & Suturing
- ☐ Raising Vessels/Insert Tubes
- ☐ Trocar Cavity Treatment
- ☐ Prep. of Autopsied Bodies
- ☐ Restorative Art Treatment

☐ I am enrolled in Mortuary School currently taking _____ hours. (Include transcript or schedule)

☐ I work a secondary job Employer _____ Hours per week _____

Removals		SS
Embalming		BR
Funerals		Processed:

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I hereby state under oath that I have worked as a full-time apprentice under the supervision of the Kentucky licensed Funeral Director and Embalmer listed on this form, earned a regular salary, and devoted all my normal working hours per week to such service. Said employment being my primary employment and source of income.

Signature of Applicant

Date

I/We, _____ and _____
Kentucky Licensed Embalmer Kentucky Licensed Funeral Director

State under oath that the apprenticeship described above has actually been served under the terms and conditions as set forth.

Kentucky Licensed Embalmer Signature

Kentucky Licensed Funeral Director Signature

Subscribed and sworn to before me by _____

STATE OF _____ COUNTY OF _____, TO WIT:

Taken, subscribed and sworn to before me this _____ day of _____, 20____

My commission expires: _____

Signature of Notary Public

NAME

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Please list the names and dates of the Removals, Embalmings and Funerals you assisted in during this period. All Funeral Director Apprentices are required to assist on at least 25 cases and list them on the reports. If you need more space please reuse this page and attach to your form.

[illegible]