

Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222

Office: 502-426-4589 Fax: 502-426-4117 Email: KBEFD@ky.gov

Apprenticeship Sworn Statement

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

Funeral Director/Embalmer: Please read KRS 316.150 before signing this report. Failure to file this statement by the prescribed time will cause the forfeiture of the apprenticeship served during this period.

Name:

Hours working per week:

Phone #:

Social Security # last 4:

Mailing Address:

Emails:

Personal

Business

Employer:

Employer Address:

Supervisor: FD:

EMB:

1. Attach a book review. The review can be from a textbook or a magazine relating to the profession. It must be **sited** in the report. It should be **two full pages** in length, **typed and double spaced**. The font should be no larger than **12 point**. The **margins should be one inch**. (Your first report it will 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
Pre Need Arrangements
Preparing Death Certificates
Checking & Arranging Flowers
Preparing Obituary Notices
Receiving Visitors at Funerals
Arrangements w/Clergy
Assisting w/Funeral Services
Assisting w/Internment

Embalmer Apprenticeship

Bathing Bodies
Posing Body & Features
Embalming Room Requirements
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 College currently taking _____ hours.

I work a secondary job Employer _____

Hours per week

For office use	
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

We,

Kentucky Licensed Embalmer

and

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

