

Kentucky Board of Embalmers & Funeral Directors

9114 Leesgate Rd, Ste 4

Louisville, KY 40222
Apprenticeship Sworn Statement

Reporting Period: From April 16 to October 15

Due November 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.

First Name Middle Initial Last Name

Funeral Home Name:

F.H. Mailing Address:

Your Kentucky licensed Funeral Director & Embalmer Supervisor

Funeral Director: Embalmer:

Salary per week: Normal Working Hours Per Week:

The Apprentice will complete the following:

1. Attach a book review. The review can be from a textbook or a magazine relating to the profession. 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 on all sides. (If this is 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
- 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

3. I am enrolled in (Semester or quarter) college hours.

My secondary job, hours & salary:

Employer Hours per week Salary

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 above, 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 Apprentice

Affiant _____ licensed in the state of Kentucky and

Affiant Apprentice _____

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

Signed by: Funeral Director
(Supervisor)

Embalmer
(Supervisor)

Funeral Home: _____

Subscribed and sworn to before by _____

(Funeral Director/Embalmer)

and _____ this the _____ day of _____, 20____

My Commission Expires: _____

Notary