

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 Application

Please check the appropriate box below for the apprenticeship that you wish to serve.
Registration fee for an apprenticeship is \$75.00. See KRS 316.030 of Laws, Rules and Regulations.
If you are doing both Embalming and Funeral Directing the fee is \$150.00.

Embalming

Funeral Directing

This is to certify that I am regularly employed as an Assistant Funeral Director, Assistant Embalmer, or both Assistant Funeral Director & Embalmer at a regular salary. I will devote at least 40 "normal" working hours per week to such services, which is my primary employment.

Signature of Apprentice

Date

Apprentice Name _____ Social Security # _____

Home Address _____

Primary Phone # _____ Date of Birth: _____

Primary Email: _____ Business email: _____

Funeral Home: _____ License #: _____

Funeral Director Supervisor: _____ License #: _____

Embalmer Supervisor: _____ License #: _____

Business Phone: _____ Location _____

Date of employment: _____ Are you paid a regular salary? Yes No

As a graduate of _____ High School, I possess a High School Diploma or I have a GED (Equivalency Diploma). (*Attach*)

I have ___ college semester hours. I have a(n) _____ Degree. (*Attach*)

I have completed mortuary school and now have an:

Associate Degree in Funeral Service I have a Diploma. (*Attach*)

Are you currently attending college or taking any classes? Yes No

If "Yes", attach a copy of your class schedule to this application.

Attach your FBI report. Have you ever been convicted of any felony or any misdemeanor including a finding or verdict of guilt or an entry of a guilty plea or a plea of no contest? Yes No

If "Yes", attach an explanation.

Do you have any other employment? Yes No

If "Yes", list other employer: _____ Hours worked there: _____

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Affidavit of Apprentice

I _____ certify that the above statements are true.

X

Applicant Signature

Affidavit of Employer

I (We) _____ and _____

Funeral Director Signature

Embalmer Signature

certify that _____ is employed at said funeral home at a regular salary and will devote at least 40 hours per week to said apprenticeship.

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: _____

X

Notary Public

For a COMPLETE Application please include:

FBI Report
Photo
Payment \$
High School Diploma/GED

If Applicable:

Mortuary School Transcript (SEALED)
College Transcript (SEALED)
National Board Scores