Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222 Office: 502-426-4589 Fax: 502-426-4117 Email: <u>KBEFD@ky.gov</u>

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.

Business

EMB:

Hours working per week:

Social Security # last 4:

Mailing Address:

Emails:

Name:

Phone #:

Personal

Employer:

Employer Address:

Supervisor: FD:

- 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	Embalmer Apprenticeship
Driving/Parking Funeral Cars	Bathing Bodies
Caring for Equip/Supplies	Posing Body & Features
Arrangements w/Family	Embalming Room Requirements
Pre Need Arrangements	Mixing Fluid
Preparing Death Certificates	Injecting Fluid
Checking & Arranging Flowers	Dressing & Casketing
Preparing Obituary Notices	Incisions & Suturing
Receiving Visitors at Funerals	Raising Vessels/Insert Tubes
Arrangements w/Clergy	Trocar Cavity Treatment
Assisting w/Funeral Services	Prep. of Autopsied Bodies
Assisting w/Internment	Restorative Art Treatment

hours.

I am enrolled in College currently taking

I work a secondary job Employer

Hours per week

For office use	
Removals	SS
Embalmings	BR
Funerals	Processed:

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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 per year and list them on the reports. If you need more space please type on a separate piece of paper and attach to your form.

#	Name	Removal Date	Embalming Date	Funeral Date

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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	Da	te
We, Kentucky Licensed Embalmer	and Kentucky License	ed Funeral Director
State under oath that the apprenticeship of conditions as set forth.	described above has actually b	een served under the terms and
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 r	ne this day of	, 20
My commission expires:		My
Signature of Notary Public		4 A