



**VERIFICATION OF COMPLETION OF APPRENTICESHIP**

Name: \_\_\_\_\_ Apprentice Certificate No: \_\_\_\_\_

**Preceptor should complete the below information:**

Funeral Facility Name: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Apprenticeship Dates:**

From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo./Day/Year Mo./Day/Year

**I hereby certify that the above named individual has completed their apprenticeship under my direct supervision and has performed all of the duties required of an apprentice in a competent and professional manner.**

**Supervising Funeral Director:**

\_\_\_\_\_  
Supervising Funeral Director (Signature)

\_\_\_\_\_  
Funeral Director's License Number

\_\_\_\_\_  
Supervising Funeral Director (Print Name)

\_\_\_\_\_  
Date

**Supervising Embalmer:**

\_\_\_\_\_  
Supervising Embalmer (Signature)

\_\_\_\_\_  
Embalmer's License No.

\_\_\_\_\_  
Supervising Embalmer (Print Name)

\_\_\_\_\_  
Date

**Funeral Home Manager:**

\_\_\_\_\_  
Funeral Home Manager (Signature)

\_\_\_\_\_  
Funeral Home Manager's License No.

\_\_\_\_\_  
Funeral Home Manager (Print Name)

\_\_\_\_\_  
Date