

APPLICATION For Apprentice Funeral Director

From: _____
(First) (Middle) (Last)

Res. Address: _____
(Street & No./P.O. Box) (City) (State) (ZIP) (Tel. No.)

Bus. Address: _____
(Street & No./P.O. Box) (City) (State) (ZIP) (Tel. No.)

I hereby apply for CERTIFICATE OF APPRENTICE FUNERAL DIRECTOR for the fiscal year ending September 30, 20_____.
I also attach fee of **\$20.00**.

Date of Birth _____ Place of Birth _____ Social Security # _____

I have a certificate of High School graduation or its equivalent GED Certificate: Yes _____ No _____

Name and Address of High School or of the Institution or Agency that granted GED Certificate: _____
Date of Diploma or Certificate: _____

I am still attending High School. Yes _____ No _____ Name and address of High School: _____

Name and Address of Funeral Establishment at which the apprenticeship will be served: _____

Name of Funeral Director supervising the apprenticeship: _____ Ala. License No. _____

I understand that I must devote an average of at least thirty (30) hours per week to the duties of this apprenticeship. Further, that my supervisor must submit an annual report to the Board by the first day of January showing the number of hours served and the number of bodies I have assisted in preparing for the disposition during the previous year.

(Signature of Applicant)

Subscribed to and sworn before me, a _____ in the State of Alabama this

_____ day of _____, 20_____.

(Notary-Other)

My commission expires _____

CERTIFICATE

I certify that I am acquainted with _____ and have personal knowledge of this person's good character and reputation. I hereby recommend the approval of this application.

(Signature of Supervising Funeral Director)

Alabama Funeral Director License # _____ Address: _____

****PLEASE ENCLOSE A COPY OR YOUR DIPLOMA OR CERTIFIED GED CERTIFICATE**