PLEASE TYPE OR PRINT in INK
PLEASE READ INSTRUCTIONS

ANNUAL REPORT
APPRENTICE FUNERAL DIRECTOR

FORM-RPT-AP.FD

TO: THE ALABAMA BOARD OF FUNERAL SERVICE

FROM: _____ _____
NAME OF APPRENTICE RESIDENCE ADDRESS

Period covered by report:_____ to_____

Name and address of Establishment at which apprenticeship is being served:

_____ _____
Establishment Name Address

SUPERVISING FUNERAL DIRECTOR:

NAME: _____ LICENSE No.: _____

Pursuant to Section 34-13-132, Code of Alabama, 1975 Legislature, I report as follows:

1. I have devoted not less than thirty(30) hours per week to the duties of my apprenticeship;
2. I have not been absent from duty, other than is provided by the Act, and have secured the required approvals for any extensions to my training period.
3. I have been, and an now in compliance with the code of conduct prescribed by section 34-13-134.
4. During the period covered by this report I have assisted in conducting _____ funerals;
5. During the period covered by this report I have participated in the administration of Funerals with the prescribed training program (Family counseling, selection of services, accounting, etc.);
6. During the period covered by this report I have familiarized myself with the State and Local Laws governing the practice of Funeral Directing.

I represent the above information to be true and correct and realize that any false statements given in this report subjects my License to revocation.

_____

(Apprentice Sign Full Name)

CERTIFICATION BY SUPERVISNG FUNERAL DIRECTOR

I have reviewed the report herein made and find it to be true and correct. **I recommend the continued Licensing of the Apprentice**. I have followed the required Apprentice training program guidelines in directing the training afforded this Apprentice.

_____

(Supervising Funeral Director Sign Full Name)