

PLEASE TYPE OR PRINT in INK
PLEASE READ INSTRUCTIONS

ANNUAL REPORT APPRENTICE FUNERAL DIRECTOR

TO: THE ALABAMA BOARD OF FUNERAL SERVICE

FROM: _____ RESIDENCE ADDRESS: _____
NAME OF APPRENTICE PHYSICAL RESIDENCE ADDRESS

PERIOD COVERED BY REPORT: _____, 20____ TO SEPTEMBER 30, 20_____

NAME AND ADDRESS OF ESTABLISHMENT AT WHICH APPRENTICESHIP IS BEING SERVED:

ESTABLISHMENT NAME ADDRESS

SUPERVISING FUNERAL DIRECTOR: _____
NAME LICENSE NUMBER

Pursuant to Section 34-13-132, Code of Alabama, 1975, 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 are 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 with _____ funerals.
5. During the period covered by this report I have participated in the practice of funeral directing in accordance with the prescribed training program (Application of Section 34-13-73 at beginner levels);
6. During the period covered by this report I have familiarized myself with the Alabama Board of Funeral Service Statutes and Administrative Code governing the practice of embalming.

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

(Signature of Apprentice)

CERTIFICATION BY SUPERVISNG FUNERAL DIRECTOR

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

(Signature of Licensed Funeral Director)