



BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062 FAX (615) 532-1903
Website: <http://funeral.tn.gov>

CERTIFICATION OF COMPLETION OF APPRENTICESHIP

I, _____ a duly licensed funeral director

(Please print or type)

an/or embalmer for the State of Tennessee, hereby certify that _____

(Please print or type)

began serving his () her () apprenticeship as (Funeral Director) and/or (Embalmer) under me,

on the _____ day of _____, 20_____.

I further certify that the above-named apprentice worked at least 32 hours per week for a regular salary in the _____ Funeral Home where I was practicing as funeral director an/or embalmer and that he/she said apprentice worked under my personal supervision until the _____ day of _____, 20_____.

Signature _____

License #'s: FD _____ EMB _____

STATE OF TENNESSEE
COUNTY OF _____

Personally appeared before me the Licensee named above who makes oath that the information's contained herein is true and correct to the best of his or her knowledge and belief this the _____ day of _____, 20_____.

(SEAL)

NOTARY PUBLIC _____

My Commission Expires: _____