

Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222
Office: 502-426-4589 Fax: 502-426-4117 Email: KBEFD@ky.gov

Apprenticeship Sworn Statement

Reporting Period: From April 16 to October 15 - Due November 1

Funeral Director/Embalmer: Please read KRS 316.150 before signing this report. Failure to file this statement by the prescribed time will cause the forfeiture of the apprenticeship served during this period.

Name: _____ **Hours working per week:** _____

Phone #: _____ **Social Security # last 4:** _____

Mailing Address: _____

Emails:
Personal _____ Business _____

Employer: _____

Employer Address: _____

Supervisor: FD: _____ **EMB:** _____

1. Attach a book review. The review can be from a textbook or a magazine relating to the profession. It must be **sited** in the report. It should be **two full pages** in length, **typed and double spaced**. The font should be no larger than **12 point**. The **margins should be one inch**. (Your first report it will be on the Kentucky Laws.)
2. Please check the items that you have assisted with in this reporting period:

Funeral Director Apprenticeship

Driving/Parking Funeral Cars
Caring for Equip/Supplies
Arrangements w/Family
Pre Need Arrangements
Preparing Death Certificates
Checking & Arranging Flowers
Preparing Obituary Notices
Receiving Visitors at Funerals
Arrangements w/Clergy
Assisting w/Funeral Services
Assisting w/Internment

Embalmer Apprenticeship

Bathing Bodies
Posing Body & Features
Embalming Room Requirements
Mixing Fluid
Injecting Fluid
Dressing & Casketing
Incisions & Suturing
Raising Vessels/Insert Tubes
Trocar Cavity Treatment
Prep. of Autopsied Bodies
Restorative Art Treatment

I am enrolled in College currently taking _____ hours.

I work a secondary job Employer _____ Hours per week

For office use	
Removals	SS
Embalming	BR
Funerals	Processed:

