



ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

APPRENTICE FUNERAL DIRECTOR'S CASE REPORT

****IMPORTANT****

Per [Rule V – Apprenticeship, \(3\)](#), all case reports must be filed in the Board Inspector's office by the 10th of the month following the month in which work was actually performed. The report may be **mailed, e-mailed** (as a scanned attachment), or **faxed**, but it must be received by the Inspector by the close of business on the 10th day of the month. If the 10th day of the month falls on a weekend day or state holiday, then the report is due by the close of business on the first business day following the weekend or holiday.

Apprentice Funeral Director's Name _____

Apprenticeship No. _____

Date Case Completed _____

Case Number (e.g. 1, 2, ..., 50) _____

IDENTIFICATION SECTION:

Name of Deceased: _____ Address: _____

Age at Death: _____ Sex: _____ Place of Death: _____ DOD: _____ Hour: _____

Location of Funeral: _____ Date: _____ Hour: _____

Location of Burial: _____ Cremation? ☐ Yes ☐ No Where? : _____

Cause(s) of Death: _____ How ascertained? _____

Was the Body Embalmed? ☐ Yes ☐ No Casket Type: _____

Outer Burial Container Type: _____ Condition of Body - Day of Funeral: _____

DUTIES/RESPONSIBILITIES: [Refer to [Rule V, \(5\)](#) for required number of services. Check All That Apply]

- _____ A. Make the arrangements or observe the arrangements being made with the family, including the selection of merchandise.
- _____ B. Set up the church and organize how family and friends are to be directed.
- _____ C. Direct family, or assist in doing so, at the funeral and cemetery service, and dismiss the family and friends at the conclusion of the service.
- _____ D. Be in charge of the movement of the casket and instruct the pallbearers.
- _____ E. Organize the funeral procession and determine where and how parking is to be done at the chapel or church or any other place.
- _____ F. Arrange flowers.
- _____ G. Direct movement of people when viewing the deceased at the chapel or church or any other place.
- _____ H. Organize the "Order of Service" with minister and musicians.

NARRATION REQUIRED: On Page 2 of this report form, in your own words, describe, in detail, your duties/responsibilities on this case.

Apprentice Funeral Director's Signature

Date Signed

I certify that the information contained in this case report is a true and correct statement of the work done in the above-referenced funeral service and that this work was done under my direct supervision.

Licensed Funeral Director's Signature (Mentor)

Date Signed

Mentor's Board ID No.

****IMPORTANT: All portions of this form MUST BE COMPLETED or the case report will not be accepted****

APPRENTICE FUNERAL DIRECTOR'S CASE REPORT (CONTINUED)

Apprentice Funeral Director's Name

Apprenticeship No.

Date Case Completed

Case Number (e.g. 1, 2,..., 50)

OTHER DUTIES/RESPONSIBILITIES: [Not itemized under Rule V, #5, but that may be required by employer.]

- ☐ Prepared Notice of Service/Obituary for newspapers and/or other (hardcopy print and/or web-based media)
- ☐ Order copy(ies) of Death Certificate [Electronic Registration of Arkansas Vital Events (ERAVE) system]
- ☐ Prepared Funeral Service Programs and/or Video Life Tribute
- ☐ Coordinated Military Veteran arrangements: Flag, Military Honor Guard, Marker, etc.
- ☐ Processed file documentation: information sheet(s), insurance assignment(s), final billing statement, etc.
- ☐ Filed claim(s) on assigned insurance/annuity policies, Social Security benefits, etc.
- ☐ Make removals from place of death.
- ☐ Other (Describe): _____
- ☐ Other (Describe): _____

COMMENTS / DESCRIPTIONS / NOTES:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NOTE: The Comments/Descriptions/Notes for each new case should be an *original narrative* – not copied or “cut-and-pasted” from previous case reports.

Any attachments to this case report form should include the **Apprentice Funeral Director's Name** and **Case Number** for reference purposes.

Return Completed Case Report To: Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
 1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
 Phone (501) 682-0574 | Fax (501) 682-0575
 E-Mail: AID.EFD@arkansas.gov