



# Arizona State Board of Funeral Directors and Embalmers

1740 W. Washington, Suite 3006, Phoenix, Arizona 85007 (602)542-3095

## Apprentice/Intern Report

Name of Intern:	
Name of Funeral Establishment:	
Supervising Embalmer:	License #
Covering employment from _____ to _____	

❖ This report **must** be completed and filed with the Board for each place of employment.

Month	Number of Hours Worked	Number of Cases Prepared
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

**Intern Certification:** I, the undersigned, certify that the information contained in this report is true and correct. I further understand that my failure to submit this report in its entirety as is required by law pursuant to A.R.S. 32-1330 will jeopardize my internship.

Intern Signature:

Date:

**Employer's Certification:** I hereby certify that the foregoing statement of \_\_\_\_\_ is, to the best of my knowledge and belief, true and correct.

Employer Name:

Date:

**Supervising Embalmer's Certification:** I hereby certify that \_\_\_\_\_ worked under my supervision and direction as an Intern as set forth in the foregoing statement, and that the same is, to the best of my knowledge and belief, true and correct.

Supervising Embalmer:

Date:

# CASE REPORT

	<b>Date of Death</b>	<b>Name of Deceased</b>	<b>Autopsy Yes or No</b>	<b>Embalmer's Signature</b>	<b>License #</b>
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