

APPRENTICESHIP TERMINATION

CERTIFICATION OF EMBALMING CASES



STATE OF OHIO
BOARD OF EMBALMERS
AND FUNERAL DIRECTORS

APPRENTICESHIP DESIGNATION

DUAL (Embalmer and Funeral Director) **Embalmer Only**

Apprentice's Name _____ Certification # _____

Currently in Quarter (circle one) 1 2 3 4 of a _____ month Apprenticeship (indicate 12 month)

Master's Name _____ License # _____

Funeral Home Name _____

Funeral Home Address _____
City or Village _____

Funeral Home County _____

Daytime Phone _____

This form is to be filled out by the Apprentice.

The intended purpose of this form is to certify completion of the 25 Embalming Cases required as an Embalmer and Funeral Director (Dual) Apprenticeship **or Embalmer Only Apprenticeship.**

The Apprentice is responsible for electronically submitting this form, via the Apprentice's eLicense account.

Embalming Case 1

Name of Deceased _____ Age of Deceased _____

Date of Death _____

Embalming Date _____

Cause of Death _____

Embalming Case 2

Name of Deceased _____ Age of Deceased _____

Date of Death _____

Embalming Date _____

Cause of Death _____

Embalming Case 3

Name of Deceased _____ Age of Deceased _____

Date of Death _____

Embalming Date _____

Cause of Death _____

Embalming Case 4

Name of Deceased _____ Age of Deceased _____

Date of Death _____

Embalming Date _____

Cause of Death _____

Embalming Case 5

Name of Deceased _____ Age of Deceased _____

Date of Death _____

Embalming Date _____

Cause of Death _____

Embalming Case 6

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 7

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 8

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 9

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 10

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 11

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 12

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 13

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 14

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 15

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 16

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 17

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 18

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 19

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 20

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 21

Name of Deceased _____ Age of Deceased _____
 Date of Death _____
 Embalming Date _____
 Cause of Death _____

Embalming Case 22

Name of Deceased _____ Age of Deceased _____
Date of Death _____
Embalming Date _____
Cause of Death _____

Embalming Case 23

Name of Deceased _____ Age of Deceased _____
Date of Death _____
Embalming Date _____
Cause of Death _____

Embalming Case 24

Name of Deceased _____ Age of Deceased _____
Date of Death _____
Embalming Date _____
Cause of Death _____

Embalming Case 25

Name of Deceased _____ Age of Deceased _____
Date of Death _____
Embalming Date _____
Cause of Death _____

I certify the accuracy of the information recorded on this report.

SIGNED AND CERTIFIED BY:

Signature of Apprentice _____ Certification # _____

Date Signed _____

I certify the accuracy of the information recorded on this report.

SIGNED AND CERTIFIED BY:

Signature of Master _____ License # _____

Date Signed _____
