

OFFICIAL TERMINATION OF APPRENTICESHIP FORM



STATE OF OHIO
BOARD OF EMBALMERS
AND FUNERAL DIRECTORS

APPRENTICESHIP DESIGNATION

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

This page to be completed by the Apprentice. Print or type.

I, _____, do hereby certify that I am holder of Embalmers and/or Funeral Directors Certification number(s) _____ issued by The State of Ohio Board of Embalmers and Funeral Directors and I have served under the direction of Mr./Ms. _____, the holder of Embalmers Lic # _____ and/or Funeral Directors Lic # _____, of the State of Ohio, while located at _____ from the _____ day of _____, 20_____, to the _____ day of _____, 20_____.

If you have a DUAL Apprenticeship, please fill out both boxes below.

Complete this section if terminating an Embalmer Apprenticeship

I further certify that I have personally embalmed, under Mr./Ms. _____'s direction, _____ dead, adult human bodies and I have assisted the said Master Embalmer in embalming _____ additional dead human bodies.

Apprentice's Signature _____ Date _____

Complete this section if terminating a Funeral Director Apprenticeship

I further certify that I have personally assisted in directing _____ funeral/memorial services, and _____ arrangement conferences under the direction of Mr./Ms. _____.

Apprentice's Signature _____ Date _____

I, _____, whose name appears on the
Signature of Apprentice
Termination of Apprenticeship above, being duly sworn, deposes and states that the facts set forth in said certificate are true to the best of my knowledge and belief.

NOTARY PUBLIC

SEAL

My Commission Expires _____

This page to be completed by the Master. Print or Type.

I, _____, do hereby certify that
_____, my certified Apprentice, holder
of Embalmers Certification # _____ and/or Funeral Directors Certification # _____
is this day, terminating their Apprenticeship under me. I certify that I am a licensed Embalmer and or Funeral Director
in the State of Ohio, holding License numbers EMB _____, FD _____, issued on
_____, and _____, which is in full force and effect until
December 31, 20 _____. I further certify that _____
served as an Apprentice under me while located at _____
from the day of _____, 20 _____ to the _____ day of _____, 20 _____, during which time
he/she personally embalmed, under my supervision, _____ dead, adult human bodies and assisted me in embalming
_____ additional dead human bodies AND/OR personally assisted in directing _____ funeral/memorial services,
and _____ arrangement conferences under my direction.

Master's Signature _____ Date _____

I, _____, whose name appears as Master on the
Signature of Master
Termination of Apprenticeship above, being duly sworn, deposes and states that the facts set forth in said certificate
are true to the best of my knowledge and belief.

NOTARY PUBLIC
My Commission Expires _____

SEAL