



State of Ohio
Board of Embalmers and Funeral Directors

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Certification of Funeral Directing Cases

To be filled in, throughout the apprenticeship, and then submit at the end of the apprentice as part of the termination packet.

I, _____, hereby declare that I have personally assisted in the funeral directing services of the following deceased human bodies:

Name of Deceased	County	Date of Death	Age	Date of Burial	Cause of Death

Certification of Funeral Directing Cases – Continued

Name of Deceased	County	Date of Death	Age	Date of Burial	Cause of Death

Certification of Funeral Directing Cases – Continued

FD APPRENTICE _____

I, _____, whose name appears on page 1 of this Certification of Funeral Directing Cases Form, being duly sworn, deposes and states that the facts set forth in said certificate are true to the best of my knowledge and belief.

Apprentice Signature _____ **Date** _____

Subscribed to and sworn before me this _____ day of _____ 20____

NOTARY PUBLIC

SEAL

My Commission Expires _____

FD MASTER _____

I, _____, hereby affirm that I am holder of Funeral Director License No. _____ in the state of Ohio and affirm that

_____ served as an apprentice under me for

_____ months; I further affirm that he / she personally assisted in funeral directing services of the deceased human bodies listed on page 1 and 2 of this Certification of Funeral Directing Cases Form, as required by Ohio Revised Code Chapter 4717, under my supervision.

Master Signature _____ **Date** _____

Subscribed to and sworn before me this _____ day of _____ 20____

NOTARY PUBLIC

SEAL

My Commission Expires _____