



State of Ohio  
**Board of Embalmers and Funeral Directors**

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**Certification of Embalming 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 embalming of the following deceased human bodies:

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



**Certification of Embalming Cases** – Continued

**EMB APPRENTICE** \_\_\_\_\_

I, \_\_\_\_\_, whose name appears on page 1 of this Certification of Embalming 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 \_\_\_\_\_

**EMB MASTER** \_\_\_\_\_

I, \_\_\_\_\_, hereby affirm that I am holder of Embalmers 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 embalming of the deceased human bodies listed on page 1 and 2 of this Certification of Embalming 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 \_\_\_\_\_