



State of Ohio
Board of Embalmers and Funeral Directors

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FUNERAL DIRECTOR REPORT

REPORT # _____ DATE _____

Apprentice's Name: _____ Registration# _____

Currently in month _____ of a _____ month apprenticeship.

Master's Name: _____

Funeral Home Name: _____

Funeral Home Address: _____

Funeral Home County: _____

Daytime Phone: _____

REMOVAL

Name of deceased: _____

Date of Death: _____

Time of Death: _____

Attending physician: _____

Place of removal: _____

Cause of death: _____

Comments: _____

ARRANGEMENTS

Actual Funeral Director: _____

Was this a preneed funeral? _____

Full service funeral? _____

Graveside service? _____

Direct Burial? _____

Direct Cremation? _____

Cremation with service? _____

Other: _____

FUNERAL DIRECTING

Place of service? _____

How did you assist in organizing the service? _____

Did you open/close the casket? _____

Did you instruct the pall bearers? _____

Describe your additional duties prior to and during visitation including your responsibilities to the family? _____

Was there a procession to cemetery? _____

If so, describe your role participating in the procession: _____

Describe your duties for the initial set up, the funeral service and the post funeral activities:

COMMENTS

What was unusual about this case? _____

What did you learn from this case? _____

If you could, would you do anything different? _____

Indicate Below Your Level of Participation in each Task on this Case:

(P) Performed (A) Assisted (O) Observed (N) No Involvement

Apprentice Participation	Funeral Director Task	Master Comments
	Took first call, obtained necessary information	
	Operated and assembled equipment necessary for transportation of remains	
	Obtained and prepared documentation for removal from place of death	
	Used universal precautions related to removals from place of death	
	Directed and assisted family members present	
	Assisted in dressing	
	Assisted in cosmetizing	
	Assisted in casketing	
	Assisted in scheduling and observing the beautician, barber or cosmetologist	
	Assisted in scheduling necessary personnel	
	Completed death certificate using EDRS	
	Prepared certificate of service, if required	
	Prepared burial permit/cremation permit using EDRS	
	Demonstrated knowledge of merchandise offered by the funeral home	
	Demonstrated knowledge of service options available to families	
	Demonstrated knowledge of credit policies of the funeral home	
	Scheduled time/place for family meeting	

	Obtained necessary family information via phone	
	Obtained biographical information	
	Completed funeral arrangement forms, including statement of goods and services	
	Contacted and scheduled clergy	
	Contacted cemeteries and/or crematories and schedule necessary services	
	Secured outer burial container provider (when necessary)	
	Contacted and scheduled services of florist, musicians and vocalists (when necessary)	
	Assisted with special request of the family	
	Placed flowers	
	Greeted visitation/funeral attendees	
	Arranged music	
	Arranged seating	
	Opened/closed casket	
	Instructed and assisted pall bearers	
	Assembled Funeral Procession	
	Drove vehicle in procession	
	Assisted , directed and/or performed graveside committal services	
	Closed graveside committal services	
	Directed and instructed funeral attendees as they left the services	
	Completed the post service process with client families	
	<i>If this was a cremation, respond to the following:</i>	
	Verified the identity of the human remains to be cremated	
	Prepared remains for receiving crematory	
	Prepared required cremation forms	
	Escorted human remains to crematory	
	Observed cremation	
	Transferred remains to urn	

I attest to the completeness and accuracy of the information contained on this report.

Signed and certified by:

Printed name of Apprentice

Registration #

Signature of Apprentice

Daytime Phone

I certify that this is an accurate report on the participation of the above-named apprentice in this case.

Signed and certified by:

Printed name of Master

License #

Signature of Master

Daytime Phone

Completion of this form is required by Administrative Rules 4717-4-03(B)(4), 4717-4-03(B)(6), 4717-4-04(B)(4), and 4717-4-04(B)(6)