



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATION OF COMPLETION OF EMBALMER GRADUATE APPRENTICESHIP

This is to certify that _____ of:
(Name of Graduate Apprentice Embalmer)

Street City State Zip Code

has been in my employ for a period of _____ months and the during this period he or she embalmed or assisted with the embalming of _____ human bodies under my supervision in an "efficient and satisfactory" manner as prescribed by law and that the list of these cases is hereby attached to this statement. The above named Graduate Embalmer was engaged in full-time paid employment (at least 40 hours/week) and assisted in the general conduct of funeral services and is familiar with the Connecticut General Statutes and the Regulations of Connecticut State Agencies governing this profession and business. I also certify that the above named Graduate Embalmer was one (1) of no more than (2) Graduate Embalmers in my employ at any one time.

I certify that (name of applicant) _____ commenced employment

on ____/____/____ and concluded on ____/____/____.

If it is proved that nay part of the foregoing statements are false, I understand that such false statement may constitute grounds for disciplinary action against my license.

I also agree that if this apprentice should terminate such employment with me, I will notify the Department of Public Health and furnish the Department with a signed statement concerning this apprentice's ability and number of funeral services he/she assisted with under my supervision.

For: _____
(Name of Firm or Corporation)

(Address of Firm or Corporation)

By: _____ License Number: _____
(Signature of Supervisor)

(Signature of Supervisor) License Number: _____

(Signature of Supervisor) License Number: _____

Dated at: _____, Connecticut, this ____ day of _____, in the year _____

(Signature of Notary Public) _____
(My Commission Expires)

Return this form directly to:

Connecticut Department of Public Health
Embalmer Licensure
410 Capitol Ave., MS # 12 APP
P.O. Box 340308
Hartford, CT 06134
Phone: (860) 509-8375
Fax: (860) 509-8457

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
EMBALMER APPRENTICE BODY LIST**

Only person(s) who are listed as supervisors on the apprentice's application for may supervise embalmings on this list.

Graduate Embalmer Name: _____

Date of Death	Name of Deceased	Address of Deceased	Address	Licensed Supervisor
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Only person(s) who are listed as supervisors on the apprentice's application for may supervise embalmings on this list.

Graduate Embalmer Name: _____

Date of Death	Name of Deceased	Address of Deceased	Address	Licensed Supervisor
26				
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