

# ARKANSAS INSURANCE DEPARTMENT FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

# APPRENTICE FUNERAL DIRECTOR'S CASE REPORT

#### \*\*IMPORTANT\*\*

Per Rule V - Apprenticeship, (3), all case reports must be filed in the Board Inspector's office by the 10th of the month following the month in which work was actually performed. The report may be mailed, e-mailed (as a scanned attachment), or **faxed**, but it must be received by the Inspector by the close of business on the 10<sup>th</sup> day of the month. If the 10th day of the month falls on a weekend day or state holiday, then the report is due by the close of business on the first business day following the weekend or holiday.

Apprentice Funeral Director's Name	Apprenticeship No.	Date Case Completed	Case Number (e.g. 1, 2,, 50)
IDENTIFICATION SECTION:			
Name of Deceased:			
Age at Death: Sex: Place of Death:			
Location of Funeral:			
Location of Burial:			
Cause(s) of Death:	How aso	ertained?	
Was the Body Embalmed? $\square$ Yes $\square$ No Caske	t Type:		
Outer Burial Container Type:	Condition of	of Body - Day of Funera	al:
<b>DUTIES/RESPONSIBILITIES</b> : [Refer to Rule V, (5)	for required nu	mber of services. Chec	ck All That Applyl
	-		
A. Make the arrangements or observe the a selection of merchandise.	irrangements be	ing made with the fam	ily, including the
B. Set up the church and organize how family	ily and friends a	re to be directed.	
C. Direct family, or assist in doing so, at the friends at the conclusion of the service.	funeral and cen	netery service, and dis	miss the family and
D. Be in charge of the movement of the cas	ket and instruct	the pallbearers.	
E. Organize the funeral procession and decentric church or any other place.	termine where a	and how parking is to l	be done at the chapel or
F. Arrange flowers.			
G. Direct movement of people when viewing	g the deceased a	at the chapel or church	or any other place.
H. Organize the "Order of Service" with min	ister and musicia	ans.	
NARRATION REQUIRED: On Page 2 of this report form this case.	, <u>in your own wor</u>	ds, describe, in detail, yo	ur duties/responsibilities on
	Apprentic	ce Funeral Director's Signature	Date Signed
I certify that the information contained in this case report is		t statement of the work de	one in the above-referenced
funeral service and that this work was done under my dir	ect supervision.		
Licensed Funeral Director's Signature (Mentor)  Date Signed	Mentor's Board	ID No.	
**IMPORTANT: All portions of this form MUST	BE COMPLETE	D or the case report	will not be accepted**
Statement of the form moor		<u></u> 3 0400 10port	not be decepted

### APPRENTICE FUNERAL DIRECTOR'S CASE REPORT (CONTINUED)

Apprenticeship No.	Date Case Completed	Case Number (e.g. 1, 2,, 50)
ized under Rule V,	#5, but that may be	required by employer.]
papers and/or othe	r (hardcopy print and	d/or web-based media)
•		•
deo Life Tribute		, , ,
eet(s), insurance as	ssignment(s), final b	
֡	ized under Rule V, papers and/or othe c Registration of Al deo Life Tribute lag, Military Honor set(s), insurance as	ized under Rule V, #5, but that may be papers and/or other (hardcopy print and Registration of Arkansas Vital Events

### **COMMENTS / DESCRIPTIONS / NOTES:**

**NOTE**: The Comments/Descriptions/Notes for each new case should be an *original narrative* – not copied or "cut-and-pasted" from previous case reports.

Any <u>attachments</u> to this case report form should include the **Apprentice Funeral Director's Name** and **Case Number** for reference purposes.

Return Completed Case Report To: Arkansas Department of Commerce

Arkansas Insurance Department | Funeral Services Division

1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087

Phone (501) 682-0574 | Fax (501) 682-0575

E-Mail: AID.EFD@arkansas.gov

Apprentice Funeral Director's Case Report (Rev. 2020-02)