



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

STATEMENT OF APPRENTICESHIP

_____ Funeral Home ("the Company"),
Board ID # _____, certifies that _____ is an
apprentice of the Company. Both parties understand that one, or both, must inform the **State
Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** within thirty (30)
days of termination of the above-named apprentice, if his/her termination occurs prior to the
completion of the apprenticeship.

Funeral Home Manager Signature

Apprentice Signature

Date

NOTARY PUBLIC:

[Notary Stamp or Seal]

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public Signature

Commission Expiration Date

Return 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