



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Funeral Service
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211-1329
 Phone: 803-896-4497 • Contact.Funeral@llr.sc.gov • Fax: 803-896-4554
 llr.sc.gov/fs

AFFIDAVIT OF LENGTH OF TIME SERVED AS APPRENTICESHIP

Name: _____ Apprentice Certificate #: _____

Funeral Facility Name: _____ Permit # _____

Mailing Address: _____

Phone: _____ Fax: _____ Email Address: _____

Apprenticeship Dates:

From: _____ To: _____
Mo./Day/Year Mo./Day/Year

I hereby attest that the above named individual has completed the above length of time under my supervision and has performed all of the duties required of an apprentice during that time.

Supervising Funeral Director:

_____	_____
Supervising Funeral Director (Signature)	Funeral Director's License Number
_____	_____
Supervising Funeral Director (Print Name)	Date

Subscribed and sworn to before me this ____ day of 20____.

Notary Signature: _____ Print Name: _____

Notary for the State of: _____ My Commission expires: _____

I hereby attest that the above named individual has completed the above length of time under my supervision and has performed all of the duties required of an apprentice during that time.

Supervising Embalmer:

_____	_____
Supervising Embalmer (Signature)	Embalmer's License Number
_____	_____
Supervising Embalmer (Print Name)	Date

[Type here]

Subscribed and sworn to before me this ____ day of 20____.

Notary Signature: _____ Print Name: _____

Notary for the State of: _____ My Commission expires: _____

I hereby attest that the above named individual has completed the above length of time under my supervision and has performed all of the duties required of an apprentice during that time.

Funeral Home Manager:

Funeral Home Manager (Signature)

Funeral Home Manager's License Number

Funeral Home Manager (Print Name)

Date

Subscribed and sworn to before me this ____ day of 20____.

Notary Signature: _____ Print Name: _____

Notary for the State of: _____ My Commission expires: _____