



NORTH CAROLINA BOARD OF FUNERAL SERVICE

REGISTRAR'S ATTENDANCE CERTIFICATION

Sponsor: _____

Program Title: _____

Course Date(s): _____

Location: _____

Registrar: _____

Email: _____

I certify that the individuals listed on the attached Registration Sheet have successfully completed the requirements for this course as approved by the North Carolina Board of Funeral Service.

Signature of Registrar

Date

Return this signed form and the Registration Sheet as a PDF by email to gryan@ncbfs.org at the NC Board of Funeral Service within ten (10) days of course completion.