NORTH CAROLINA BOARD OF FUNERAL SERVICE

AFFIDAVIT TO CERTIFY RESIDENT TRAINEESHIP - EMBALMING

| l, | , duly licensed | d by the North Carolina |
|---|---|---|
| Printed Name of Supervisor | | • |
| Board of Funeral Service do hereby swear and at | test that | |
| | began his/ | her resident traineeship |
| Printed Name of Trainee | | |
| as an embalmer under my supervision on the | day of | |
| 20, and completed his/her resident traineesh | ip on the day of | |
| , 20 | _· | |
| supervision, completed the following tasks: (1) worked at least 2,000 hours as a resident trainee By placing my initials here, I certify the supervision, assisted in fewer than 25 cases of exercise trainee in the practice of funeral service herein has assisted with (number of) to hours as a resident trainee in the practice of embasis. | in the practice of embalming. nat the resident trainee referer embalming and/or worked fev e. I hereby certify that the re cases of embalming; and worl | nced herein has, under my ver than 2,000 hours as a sident trainee referenced |
| Signature of Resident Trainee Supervisor | | Supervisor License No. |
| Sworn to and subscribed before me by | | |
| · | ile de | |
| Printed Name of Affiant | this the | day |
| of | , 20 | |
| Notary Public- Official Signature | | SEAL |
| Notary Public- Printed Name | | |
| My Commission expires | | |