NORTH CAROLINA BOARD OF FUNERAL SERVICE

AFFIDAVIT TO CERTIFY RESIDENT TRAINEESHIP – FUNERAL SERVICE

I, ____________________________________________________, duly licensed by the North Carolina Board of Funeral Service do hereby swear and attest that _____________________________________

began his/her resident traineeship as a funeral service licensee under my supervision on the _________
day of _____________________________, 20___, and completed his/her resident traineeship on the
_______ day of ___________________________________, 20___.

By placing my initials here, I certify that the resident trainee referenced herein has, under
my supervision, completed the following tasks: (1) assisted with at least 25 cases of funeral arranging
activities (to include either at need or preneed funeral planning activities); (2) assisted with at least 25
cases of activities pertaining to the funeral ceremony and disposition of the body; (3) assisted with at
least 25 cases of embalming; and (4) worked at least 2,000 hours as a resident trainee in the practice of
funeral service.

By placing my initials here, I certify that the resident trainee referenced herein has, under
my supervision, assisted in fewer than 25 cases of any of the required activity categories and/or worked
fewer than 2,000 hours as a resident trainee in the practice of funeral service. I hereby certify that the
resident trainee referenced herein has assisted with _______ (number of) cases of funeral arranging
activities (to include either at need or preneed funeral planning activities); assisted with at _______
(number of) cases of activities pertaining to the funeral ceremony and disposition of the body; assisted
with _______ (number of) cases of embalming; and worked _______ (number of) hours as a resident
trainee in the practice of funeral service.

__________________________________________________     ___________________
Signature of Resident Trainee Supervisor     Supervisor License No.

Sworn to and subscribed before me by

_________________________________________________________this the  ________ day

Printed Name of Affiant

of ___________________________________________, 20 ____________.

_______________________________________
Notary Public- Official Signature

My Commission expires __________________________

FORM BFS 10A, REV. 07/2017