

NORTH CAROLINA BOARD OF FUNERAL SERVICE

**AFFIDAVIT TO CERTIFY RESIDENT TRAINEESHIP – FUNERAL SERVICE**

I, \_\_\_\_\_, duly licensed by the North Carolina  
**Printed Name of Supervisor**

Board of Funeral Service do hereby swear and attest that \_\_\_\_\_  
**Printed Name of Trainee**

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

**S E A L**

\_\_\_\_\_  
Notary Public- Printed Name

My Commission expires \_\_\_\_\_