

RESIDENT TRAINEE WORK REPORT – FUNERAL DIRECTING

Trainee Name _____ **Trainee Signature** _____ **Hours Worked** _____ **Month** _____

DATE OF WORK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Core Arranging Activities																																	
At-need or preneed arranging (includes all related documents and records)																																	
Imminent/pending death (hospice) arranging																																	
Observe sale of funeral service																																	
Core Ceremony & Disposition Activities																																	
Assist with funeral or memorial or interment/committal ceremonies for casketed remains																																	
Assist with funeral or memorial or interment/committal ceremonies for cremated remains																																	
Secondary Funeral Directing Activities																																	
Attendance at funeral home																																	
Answer telephone/correspondence, handle records, bookkeeping																																	
Care for equipment & premises																																	
Prepare death notices/obituaries																																	
Ship-in/Ship out arrangements																																	
Prepare death certificate																																	

RESIDENT TRAINEE WORK REPORT – FUNERAL DIRECTING

Secure permits, prepare VA or social security forms																												
Receive visitors																												
Funeral procession and arrangement																												
Transport survivors and clergy																												
Witness/arrange cremation services																												
Complete cremation authorization forms																												
ID authorizing agent/next of kin																												
Evaluate OCME jurisdiction																												

I hereby certify that the above-named Trainee engaged in the foregoing activities:

Supervisor Name and License No. _____ Supervisor Signature _____

Sworn to and subscribed before me this the _____ day of _____, 20_____. My Commission Expires -

Notary Public _____ (SEAL)

Licensed Manager Name and License No. _____ Licensed Manager Signature _____

Funeral Establishment, Address, and Permit No. _____

Sworn to and subscribed before me this the _____ day of _____, 20_____. My Commission Expires:

Notary Public _____ (SEAL)