

**GEORGIA STATE BOARD OF FUNERAL SERVICE**

**237 Coliseum Dr., Macon, GA 31217**

**478.207.2440 – fax: 866-888-8026**

**www.sos.ga.gov/plb/funeral**

**FUNERAL SERVICE APPRENTICESHIP**

**INSTRUCTIONS FOR APPLICANTS  
FOR INITIAL REGISTRATION OR ANY CHANGE IN LOCATION OR SUPERVISOR**

• <b>RULE 250-4</b>	Before filing an application for registration as a Funeral Service Apprentice, you are encouraged to review Board Rule Chapter 250-4, which details specifically the requirements for apprenticeship. View the Rule at <a href="http://www.sos.ga.gov">www.sos.ga.gov</a> .
• <b>FEE</b>	Refer to fee schedule. Application fees are non-refundable. Make payment by check or money order to Georgia State Board of Funeral Service.
• <b>AGE</b>	You must be 18 years of age on the date that the Board receives your application.
• <b>EDUCATION</b>	High school graduation or GED - You must attach a copy of your high school diploma or GED Certificate to this application. If not available, submit a notarized statement from Board of Education.

**APPRENTICESHIP DETAILS**

• <b>DATE OF REGISTRATION:</b>	Your apprenticeship period begins as of the date that your application is approved by the Board. <b>Only fully completed applications will be reviewed by the Board.</b> Incomplete applications will result in application processing delays.
• <b>REQUIRED HOURS:</b>	<b>3120 hours</b> (equivalent to 18 months of full-time service). No more than 40 hours may be credited per week. If the apprenticeship is served while the apprentice is also enrolled in Mortuary School, no more than 20 hours per week may be credited (4 hours per day).
• <b>DURATION:</b>	<b>A minimum of 18 months.</b> The apprenticeship registration, which is valid for up to two years, expires on March 31 of even years, and may be renewed two times. The 18 months is in addition to the time required to graduate from a college of funeral service or other college.
• <b>SUPERVISION:</b>	An apprentice must serve at a Board-approved establishment and under a Board-approved embalmer and funeral director.
• <b>REPORTS:</b>	An apprentice must complete report forms and submit those to the Board every six (6) months. <b>It is the responsibility of the apprentice to maintain records of service.</b>
• <b>CHANGES:</b>	A change in supervising embalmer or director, or change in establishment requires submission of an application noting such and review / approval by the Board. You will not be credited for hours served under changed circumstances without prior board approval.

**GEORGIA STATE BOARD OF FUNERAL SERVICE**

237 Coliseum Dr., Macon, GA 31217

478.207.2440

www.sos.ga.gov/plb/funeral

Date Entered \_\_\_\_\_

Receipt # \_\_\_\_\_

Submitted \$ \_\_\_\_\_

Date Issued \_\_\_\_\_

**APPLICATION FOR APPRENTICESHIP REGISTRATION**  
***(for initial registration or change of location/supervisor)***

**I am applying for (select appropriate license type):**

Initial Funeral Service Apprenticeship Registration - \$40 fee\*

Change in Apprenticeship Site - \$20\*  
Current Apprenticeship Registration # \_\_\_\_\_

Change in Supervising Embalmer and/or Funeral Director ONLY (not a site change) - \$20\*  
Current Apprenticeship Registration # \_\_\_\_\_

Reinstatement of Apprenticeship Registration - # \_\_\_\_\_ - \$180\*

*\*Fees are non-refundable. Make checks payable to The Georgia Board of Funeral Service.*

**Applicant Name:**

\_\_\_\_\_  
LAST FIRST MIDDLE

**Social Security # <sup>1</sup>:**

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Social Security Number grid

**Date of Birth:**

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Date of Birth grid

<sup>1</sup> This information is authorized to be obtained & disclosed to state & federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

**Gender:**  Male  Female

**Residential Address:**

PHYSICAL ADDRESS - NUMBER AND STREET NAME REQUIRED (P.O. BOX NOT ACCEPTABLE)

APT #

\_\_\_\_\_  
CITY STATE ZIP APT #

**Mailing <sup>2</sup>**

**Address:**

(P.O. BOX ACCEPTABLE)

<sup>2</sup> O.C.G.A. §43-1-2 (k) Your name, mailing address and license number are public information and will appear on Secretary of State's website

\_\_\_\_\_  
CITY STATE ZIP APT #

**Daytime Phone #**

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Daytime Phone grid

**Evening Phone #**

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Evening Phone grid

**E-mail Address <sup>3</sup>:** \_\_\_\_\_

**FAX** \_\_\_\_\_

<sup>3</sup> Required for communication with Board staff. Your email will not be shared with third parties.

**Funeral Establishment:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Mailing Address of Establishment:** \_\_\_\_\_

Street, City, State, Zip

Supervising Embalmer: _____ License #: _____	Supervising Funeral Director: _____ License #: _____
---	---

**Georgia State Board of Funeral Service**

**FUNERAL SERVICE APPRENTICESHIP REGISTRATION APPLICATION**

**Background Questionnaire**

The following questions must be answered by the applicant. If "yes" is answered to any question, documentation/explanation must be provided, including certified documentation such as court dispositions, board disciplinary action reports, etc.

Yes	No	Are you currently registered as an Apprentice? If "Yes," provide your Apprentice Registration Number: _____
Yes	No	Have you ever been registered as an Apprentice in Georgia? If "Yes," provide your Apprentice Registration Number: _____
Yes	No	Did you graduate from High School, or have you obtained a GED Certificate? If "Yes", provide copy of diploma or certificate. (If not available, submit notarized statement from Board of Education.)
Yes	No	Do you now hold, or have you in the past held, a professional license in any state? If "Yes," submit a notarized letter from the state of licensure.
Yes	No	Has any license issued to you by any board, agency, or licensing authority in any state, including Georgia, been revoked, suspended, or otherwise sanctioned?
Yes	No	Have you ever been denied issuance of, or pursuant to any disciplinary proceedings, been refused renewal of a license by any board, agency, or licensing authority in any state, including Georgia?
Yes	No	Have you knowingly failed to renew a license during an investigation or disciplinary action?
Yes	No	Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?
Yes	No	To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?
Yes	No	Have you ever been arrested, charged, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? If yes, attach certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
Yes	No	Have you ever entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? If yes, attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
Yes	No	Are you <u>unable</u> to practice with reasonable skill and safety due to use of alcohol, drugs, narcotics, chemicals or any other types of material?
Yes	No	Are you <u>unable</u> to practice with reasonable skill and safety due to illness, or as a result of any mental or physical condition? If yes, attach a notarized physician's statement.
Yes	No	Have you had any suit filed against you related to the practice of a profession?

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia State Board of Funeral Service. (O.C.G.A. § 43-1-19 and O.C.G.A. § 16-10-71.)

State of Georgia, County of \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Subscribed and Sworn to before me this  
 \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Applicant Name printed: \_\_\_\_\_

Notary Public  
 My Commission Expires: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTARY SEAL**

**GEORGIA STATE BOARD OF FUNERAL SERVICE**  
**FUNERAL SERVICE APPRENTICESHIP REGISTRATION APPLICATION**

**AFFIDAVIT**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Funeral Service, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1 (mark either 1 or 2 below as it applies to your status):

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. You must submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other approved document.

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <http://sos/ga/gov/admin/files/svd2013.pdf>

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached at least one Secure and Verifiable Document, as required by O.C.G.A. § 50-36-2, with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

State of Georgia, County of \_\_\_\_\_

\_\_\_\_\_  
Print name of Applicant

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

NOTARY SEAL (legible ink seal required; If using embossed seal, apply shading to make seal legible when digitized.)

GEORGIA STATE BOARD OF FUNERAL SERVICE

**FUNERAL SERVICE APPRENTICESHIP REGISTRATION APPLICATION**

**Supervising Embalmer Information**

SUPERVISING EMBALMER
Supervising Embalmers must have been employed as a licensed embalmer at least three (3) years prior to the supervision.
One supervisor may supervise no more than four (4) apprentices concurrently.
Supervising Embalmers must provide <u>direct supervision</u> , which shall mean <i>a licensed supervisor present in the same room as apprentice during the embalming of a body.</i>
Trade Embalmers must appear before the Board for approval to be Supervisor, and must embalm at the establishment where the Apprentice is registered.
Are you a Trade Embalmer?            Yes            No
When did you become a licensed Embalmer? _____
Apprentices must submit reports of hours spent in employment as an apprentice to the board every six (6) months.

**APPRENTICES CURRENTLY SUPERVISED**

NAME	REGISTRATION NUMBER

**AFFIDAVIT**

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

State Of Georgia  
 County Of \_\_\_\_\_

\_\_\_\_\_  
Signature Of The Supervising Embalmer

Subscribed And Sworn To Before Me This  
 \_\_\_\_\_ Day Of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 Date

**SUPERVISING FUNERAL DIRECTOR**

Supervising Funeral Directors must have been employed as a licensed funeral director at least three (3) years prior to the supervision.

One supervisor may supervise no more than four (4) apprentices concurrently.

Supervising Funeral Directors must provide direct supervision, which shall mean a **licensed supervisor present in the same room as apprentice during arrangements, or conducting funeral services.**

When did you become a licensed Funeral Director? \_\_\_\_\_

Apprentices must submit reports of hours spent in employment as an apprentice to the board every six (6) months.

**APPRENTICES CURRENTLY SUPERVISED**

NAME	REGISTRATION NUMBER

**AFFIDAVIT**

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

State Of Georgia  
 County Of \_\_\_\_\_

Subscribed And Sworn To Before Me This  
 \_\_\_\_\_ Day Of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_  
 Signature Of The Supervising Funeral Director

\_\_\_\_\_  
 Print Name

GEORGIA STATE BOARD OF FUNERAL SERVICE  
**FUNERAL SERVICE APPRENTICESHIP REGISTRATION APPLICATION**  
CERTIFICATION OF FUNERAL ESTABLISHMENT

This section of the application must be completed and signed by the **Funeral Director in Full and Continuous Charge (FDFCC)** of the funeral establishment.

\_\_\_\_\_  
PRINT NAME OF FDFCC

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
PRINT NAME OF FUNERAL ESTABLISHMENT

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
DATE ESTABLISHMENT LICENSE WAS ISSUED

\_\_\_\_\_  
EXPIRATION DATE OF ESTABLISHMENT LICENSE

**Please initial:**

\_\_\_\_\_ The funeral establishment has had no violations in the last three inspections. (Rule 250-4-.06(1) (b))

\_\_\_\_\_ The funeral establishment has embalmed an average of at least 30 bodies per year over the preceding five years,

**-OR-**

\_\_\_\_\_ The funeral establishment has embalmed a minimum of 150 bodies to date. (Rule 250-4-.06(1) (c))

**AFFIDAVIT**

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

State Of Georgia  
County Of \_\_\_\_\_

\_\_\_\_\_  
Signature Of The FDFCC

Subscribed And Sworn To Before Me This  
\_\_\_\_\_ Day Of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Date



**GEORGIA STATE BOARD OF FUNERAL SERVICE**  
 237 Coliseum Drive, Macon, Ga 31217 - Telephone: 478.207.2440

**AFFIDAVIT OF ASSISTANCE IN EMBALMING**

REPORT DATE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

APPRENTICE NAME: \_\_\_\_\_  
 APPRENTICE LICENSE NUMBER: \_\_\_\_\_

FUNERAL  
 ESTABLISHMENT:

1.	26.
2.	27.
3.	28.
4.	29.
5.	30.
6.	31.
7.	32.
8.	33.
9.	34.
10.	35.
11.	36.
12.	37.
13.	38.
14.	39.
15.	40.
16.	41.
17.	42.
18.	43.
19.	44.
20.	45.
21.	46.
22.	47.
23.	48.
24.	49.
25.	50.

I, the undersigned Embalmer, certify that the above-named Apprentice, an employee of the above-named funeral establishment, has participated in the Embalming of the listed fifty (50) bodies.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Supervising Embalmer

Sworn to and subscribed before me this  
 \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Embalmer License Number

\_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

**GEORGIA STATE BOARD OF FUNERAL SERVICE**  
 237 Coliseum Drive, Macon, Ga 31217 - Telephone: 478.207.2440

**AFFIDAVIT OF ASSISTANCE IN FUNERAL DIRECTING**

REPORT DATE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

APPRENTICE NAME: \_\_\_\_\_  
 APPRENTICE LICENSE NUMBER: \_\_\_\_\_

FUNERAL  
 ESTABLISHMENT:

1.	26.
2.	27.
3.	28.
4.	29.
5.	30.
6.	31.
7.	32.
8.	33.
9.	34.
10.	35.
11.	36.
12.	37.
13.	38.
14.	39.
15.	40.
16.	41.
17.	42.
18.	43.
19.	44.
20.	45.
21.	46.
22.	47.
23.	48.
24.	49.
25.	50.

I, the undersigned Funeral Director, certify that the above-named Apprentice, an employee of the above-named funeral establishment, has participated in the Funeral Directing of the listed fifty (50) bodies.

\_\_\_\_\_  
 Date  
 Sworn to and subscribed before me this  
 \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Supervising Funeral Director  
 \_\_\_\_\_  
 Funeral Director License Number

Georgia Bureau of Investigation  
Georgia Crime Information Center

CONSENT FORM

I hereby authorize \_\_\_\_\_ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Address, City, State, County, Zip

\_\_\_\_\_  
Sex                      Race                      Date of Birth                      Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice applicant's Privacy Rights and the Privacy Act Statement (title 28 United States Code § 534).

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date

-----  
Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code "M")
- Employment with elder care (Purpose code "N")
- Employment with children (Purpose code "W")

**One of the following must be checked:**

- This authorization is valid for 90 / 180 / \_\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.