

GEORGIA STATE BOARD OF FUNERAL SERVICE

3920 Arkwright Rd. Suite 195, Macon, GA 31210
404-424-9966 / www.sos.ga.gov

AFFIDAVIT OF ASSISTANCE IN EMBALMING

Report Date – From: _____ To: _____

Apprentice Name: _____

Funeral Establishment: _____

Apprentice License Number: _____

1.	26.
2.	27.
3.	28.
4.	29.
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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 fifty (50) bodies listed above.

Date

Signature of Supervising Embalmer

Sworn to and subscribed before me this
____ day of _____, 20____

Embalmer License Number

Notary Public
My Commission Expires: _____

NOTARY SEAL