

GEORGIA STATE BOARD OF FUNERAL SERVICE

237 Coliseum Dr., Macon, GA 31217-3858

404-424-9966 / www.sos.ga.gov/plb/funeral

Affidavit of Assistance in Funeral Directing

Report Date – From: _____ To: _____

Apprentice Name: _____

Funeral Establishment: _____

Apprentice License #: _____

Funeral Establishment License #: _____

1.	26.
2.	27.
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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 fifty (50) bodies listed above.

Signature of Supervising Funeral Director

Funeral Director License #

Date

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

Notary Public
My Commission Expires: _____

Notary Seal