

**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 Funeral Directing**

**Report Date – From: \_\_\_\_\_ To: \_\_\_\_\_**

**Apprentice Name: \_\_\_\_\_**

**Funeral Establishment: \_\_\_\_\_**

**Apprentice License #: \_\_\_\_\_**

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

1.	26.
2.	27.
3.	28.
4.	29.
5.	30.
6.	31.
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14.	39.
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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 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*