

STATE OF WEST VIRGINIA
Board of Funeral Service Examiners
179 Summers Street, Suite 319
Charleston, WV 25301

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Certification of Completion of Apprenticeship

I, _____, being first duly sworn, hereby certify that
(Supervising Funeral Director/Embalmer)

_____ has engaged in work in a course of regular and
(Apprentice)
steady employment, for a period of at least two years under my supervision, beginning

_____ and ending _____ .
(Date) (Date)

Further, _____ has taken an active part in the operation
(Apprentice)
of directing not less than thirty five (35) funeral / memorial services and performing not less than
thirty five (35) disposition cases under my supervision.

Signature of Supervising Funeral Director/Embalmer

License Numbers (FD/EMB)

STATE OF WEST VIRGINIA

COUNTY OF , _____ to wit:

Taken, subscribed and sworn to before me, a Notary Public, on this _____
day of _____, 20_____.

My commission expires _____ .

Notary Public

Seal