



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Application for Registration as a Pre-Graduate Trainee Embalmer

Persons who are considering entering the profession of embalming may apply to the Department of Public Health for registration as a pre-graduate trainee. The objective of this training period is to familiarize oneself with the profession **in order to determine whether to begin formal education in mortuary science**. Up to three (3) months of the one-year apprenticeship requirement may be completed as a pre-graduate trainee. The balance must be served after completion of mortuary science school and the International Conference of Funeral Service Examining Boards Arts and Sciences Examination. Persons employed as Pre-Graduate Trainees are restricted to performing duties which are not within the scope of practice of embalming.

Last Name: _____ First Name: _____ MI: ____ Maiden Name: _____

Date of Birth: ____/____/____ Social Security No.: _____ - _____ - _____ Gender: _____

Daytime Phone Number: (____) _____ - _____ E-mail: _____

Address: _____
Street City State Zip

Accredited Mortuary Science College: _____

Other College(s) Attended:

_____ From: _____ To: _____ Degree: _____

Supervision: I have arranged to obtain my pre-graduate training under the supervision of the licensed embalmer(s) named below:

_____ License Number: _____

_____ License Number: _____

Name of Firm or Funeral Home: _____ License Number: _____

My training period will begin on: ____/____/____

Located at: _____

(OVER)

Affix a recent photograph of the applicant here

On this ____ day of _____ of 20____, _____ (applicant's name) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application, the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

_____ Sworn to before me this ____ day of _____ of 200 ____.
SIGNATURE OF APPLICANT

_____ My commission expires _____
SIGNATURE OF NOTARY PUBLIC

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EMPLOYER AFFIDAVIT

Note: Not more than two registered apprentice embalmers shall be employed by a licensed funeral service business at any one time. The pre-graduate training period shall not exceed three (3) months.

Name of Applicant: _____ will enter my employ as a pre-graduate trainee on ___/___/___

If applicant should terminate such employment with me, I will notify the Department immediately and provide the Department a signed statement regarding the applicant's ability and the number of cases with wich this apprentice assisted.

All of the statements contained herein are true to the best of my knowledge and belief.

Signature of Supervisor License Number: _____

Signature of Supervisor License Number: _____

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

_____ My Commission Expires _____
Signature of Notary Public