

GEORGIA STATE BOARD OF FUNERAL SERVICE
237 COLISEUM DRIVE, MACON, GA 31217-3858
TELEPHONE: 478.207.2440

AFFIDAVIT OF ASSISTANCE IN EMBALMING* REPORT DATE FROM: _____ TO: _____

APPRENTICE NAME: _____
APPRENTICE LICENSE NUMBER: _____

FUNERAL ESTABLISHMENT: _____

1.	26.
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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 listed fifty (50) bodies.

Date

Signature of Supervising Embalmer

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

Embalmer License Number

Notary Public
 My Commission Expires: _____

NOTARY SEAL