

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

**AFFIDAVIT OF ASSISTANCE IN FUNERAL DIRECTING\* REPORT DATE FROM: \_\_\_\_\_ TO: \_\_\_\_\_**

**APPRENTICE NAME: \_\_\_\_\_**  
**APPRENTICE LICENSE NUMBER: \_\_\_\_\_**

**FUNERAL ESTABLISHMENT: \_\_\_\_\_**

1.	26.
2.	27.
3.	28.
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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 listed fifty (50) bodies.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervising Funeral Director

Sworn to and subscribed before me this  
 \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Funeral Director License Number

\_\_\_\_\_  
Notary Public  
 My Commission Expires: \_\_\_\_\_

NOTARY SEAL