

**Please print out and fax the following, along with your receipt, to 1.866.888.8026**

**GEORGIA STATE BOARD OF FUNERAL SERVICE**

**APPLICANT NAME**  
(Print clearly)

**APPLICANT TRACKING CODE**  
(Found on receipt page)

\_\_\_\_\_

If you have previously been registered as an apprentice in Georgia, list the registration number: \_\_\_\_\_

Establishment Name: \_\_\_\_\_ License No: \_\_\_\_\_

Supervising Embalmer: \_\_\_\_\_ License No: \_\_\_\_\_

Supervising Director: \_\_\_\_\_ License No: \_\_\_\_\_

I agree to act as supervising embalmer for the apprentice whose name appears above. I agree to provide direct supervision when the apprentice whose name appears above is assisting in embalming.

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF THE SUPERVISING EMBALMER

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
DATE

I agree to act as supervising funeral director for the apprentice whose name appears above. I agree to provide direct supervision when the apprentice whose name appears above is assisting families in funeral arrangements.

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF THE SUPERVISING DIRECTOR

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
DATE