



STATE OF NEW HAMPSHIRE
BOARD OF REGISTRATION OF FUNERAL DIRECTORS AND EMBALMERS

121 South Fruit Street
Concord, NH 03301-2412
(603) 271-4648
FAX (603) 271-5056

APPRENTICE FUNERAL DIRECTING FORM
(Please Print or Type)

Apprentice

Report No. _____

Name of Apprentice: _____
(First) (Last) Apprentice Lic. No. _____

Name of Licensed Sponsor: _____
(First) (Last) License No. _____

Name and Address of Funeral Home: _____

Deceased

Name: _____ Date of Birth: _____

Address: _____

Place of Death: _____ Date of Death: _____

Address: _____

Type of Funeral Service (Check all that apply)

Full Service Funeral Calling/Visitation Hours Memorial Service Graveside Service Direct Cremation

Location of Funeral Service

Place of Funeral Service: _____ Time: _____

Address of Funeral Service: _____

Officiating Clergy: _____ Faith: _____

Funeral Participation (Check all that apply)

- | | | |
|---|--|-----------------------------|
| _____ Assisted in filing death certificate | _____ Assisted in obtaining burial permit | |
| _____ Assisted family with selection of merchandise | _____ Assisted with arrangement conference | |
| _____ Arranged for clergy | _____ Arranged for organist | _____ Arranged flowers |
| _____ Checked/recorded flowers | _____ Arranged for military honors | _____ Parked cars |
| _____ Assisted with office work | _____ Ordered casket/vault | _____ Carried casket |
| _____ Directed traffic | _____ Drove family car | _____ Drove hearse |
| _____ Prepared newspaper notices | _____ Received visitors | _____ Drove service car |
| _____ Seated guests at service | _____ Contacted cemetery | _____ Arrange for cremation |
| _____ Arranged for fraternal services | _____ S.S. and V.A. forms | |

I hereby state this is a true description of this case.

Signature of Apprentice: _____ Date: _____

Signature of Sponsor: _____ Date: _____

NOTE: Reports shall be filed MONTHLY with the Board of Registration of Funeral Directors and Embalmers, 121 South Fruit Street, Concord, NH 03301-2412

**OPTIONAL INFORMATIONAL QUESTION
REGARDING MILITARY EXPERIENCE AND/OR RELATIONSHIP
TO MILITARY PERSONNEL TRANSFERRED TO NEW HAMPSHIRE**

Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. "upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question."

RSA 21:50, II - "Armed forces" means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.

OR

2. "Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire."

Please place a check mark in all that apply below:

- I **am** eligible for consideration as defined in paragraph #1 above.
- I **am not** eligible for consideration as defined in paragraph #1 above.
- I **am** eligible for consideration as defined in paragraph #2 above.
- I **am not** eligible for consideration as defined in paragraph #2 above