



# 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: \_\_\_\_\_

I agree to have the supervisor named above provide the Department and accurate list of the 50 supervised embalmings during my apprenticeship. I agree that I will obey the laws of the State of Connecticut and the Rules and Regulations of the Department of Public Health.

(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**

.....  
**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