



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATION OF COMPLETION OF EMBALMER PRE-GRADUATE APPRENTICESHIP

This is to certify that _____ of:
(Name of pre-graduate student embalmer)

Street City State Zip Code

Successfully completed a period of _____ months from _____ to _____
as a pre-graduate student embalmer under my supervision at:

Name of Funeral Home: _____

Address: _____

City, State Zip: _____

Name of Supervisor: _____

License Number: _____

Signature of Supervisor: _____

Date: _____

Notary Section

Dated at _____, Connecticut, this _____ day of _____ in the year 20 _____

Signature of Notary Public

_____/_____/_____
My Commission Expires

Return this form directly to:

**Department of Public Health
Embalmer Licensure
410 Capitol Ave., MS# 12 APP
P.O. Box 340308
Hartford, CT 06134
(860) 509-7603**