



State of Ohio
Board of Embalmers and Funeral Directors

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TERMINATION OF APPRENTICESHIP

Dual Funeral Director Only Embalmer Only

I, _____, do hereby certify that I am holder of Embalmers and/or Funeral Directors Certification number(s) _____, issued by The State of Ohio Board of Embalmers and Funeral Directors and I have served under the direction of Mr./Ms. _____, the holder of Embalmers Lic# _____ and/or Funeral Directors Lic# _____, of the State of Ohio, while Located at _____, from the _____ day of _____, 20____, to the _____ day of _____, 20____.

Complete this section if terminating an embalmer apprenticeship

I further certify that I have personally embalmed, under Mr./Ms. _____'s direction, _____ dead, adult human bodies and I have assisted the said Master Embalmer in embalming _____ additional dead human bodies.

Apprentice's Signature _____ Date _____

Complete this section if terminating a funeral director apprenticeship

I further certify that I have personally assisted in directing _____ funeral's under the direction of Mr./Ms. _____.

Apprentice's Signature _____ Date _____

I, _____, whose name appears on the Termination of Apprenticeship above, being duly sworn, deposes and states that the facts set forth in said certificate are true to the best of my knowledge and belief.

SEAL

NOTARY PUBLIC

My Commission Expires _____

This Section to be completed by Master

I, _____, do hereby certify that _____, my certified apprentice, holder of Embalmer Certification# _____ and/or Funeral Director Certification# _____ is this day, terminating their apprenticeship under me. I certify that I am a licensed Embalmer and/or Funeral Director in the State of Ohio, holding License numbers Emb _____, FD _____, issued _____, _____, which is in full force and effect until December 31st, 20____. I further certify that _____ served as an apprentice under me while located at _____ from the _____ day of _____ 20____ to the _____ day of _____ 20____, during which time he/she personally embalmed, under my supervision, _____ dead, adult bodies and assisted me in embalming _____ additional dead human bodies AND/OR personally assisted in directing _____ funerals under my direction.

Master's Signature _____ Date _____

I, _____, whose name appears as Master on the Termination of Apprenticeship above, being duly sworn, deposes and states that the facts set forth in said certificate are true to the best of my knowledge and belief.

NOTARY PUBLIC

SEAL

My Commission Expires _____