

STATEMENT OF APPRENTICESHIP

_____ *Funeral Home,*
License # _____, certifies that _____,
is an apprentice of this company and that both party's understand that one or both
must inform the Arkansas State Board of Embalmers and Funeral Directors within the
30 (thirty) days of termination of said apprentice if termination occurs before
completion of apprenticeship.

(Manager)

(Apprentice)

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____

Year of _____.

Notary Public

My Commission Expires: _____