# Candidate Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant is required to list the names of at least 35 case histories (over the period of 1 year), indicating with checkmarks that they have complied with section 13.38, sub-section (2), which states that the complete theory of funeral directing services including, but not limited to, the following has been completed. A total count of 35 in each of the first 5 categories (columns) is required for licensure. Each case must also have at least 1 item in categories 6-14 in order to qualify. The cases are required to have been done under the supervision of the preceptor. Mail completed form to: PCS / PAFD • PO Box 198689 • Nashville, TN 37219-8689.														
<b>CASE HISTORY RECORD</b> FULL NAME OF THE DECEASED	Initial call details	Embalming	Cosmetizing of bodies	Dressing of bodies	Directing of funerals	Selling of funeral service merchandise	Recordkeeping	Purchasing of necessary supplies	Preparing death certificates and documents	Preparing applications for death benefits such as social security, veterans administration, insurance companies and lodges	Follow-up service to family after the funeral service has been completed	Counseling service to family on the types of services and merchandise available	Instruction of prepaid burial accounts	Professional responsibilities
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
16.														
17.														
18.														
19.														
20.														
21.														
22.														
23.														
24.														
25.														
26.														
27.														
Page Totals:														

# Candidate Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant is required to list the names of at least 35 case histories (over the period of 1 year), indicating with checkmarks that they have complied with section 13.38, sub-section (2), which states that the complete theory of funeral directing services including, but not limited to, the following has been completed. A total count of 35 in each of the first 5 categories (columns) is required for licensure. Each case must also have at least 1 item in categories 6-14 in order to qualify. The cases are														
required to have been done under the supervision of the preceptor. Mail completed form to: PCS / PAFD • PO Box 198689 • Nashville, TN 37219-8689.														
CASE HISTORY RECORD	lls		bodies	lies	nerals	al service		Purchasing of necessary supplies	Preparing death certificates and documents	Preparing applications for death benefits such as social security, veterans administration, insurance companies and lodges	Follow-up service to family after the funeral service has been completed	Counseling service to family on the types of services and merchandise available	Instruction of prepaid burial accounts	Professional responsibilities
FULL NAME OF THE DECEASED	detai	50	lo gr	f boc	of fur	funei se	ping	g of n	death	appli ich as dmin comp	serv	g ser if ser se av	t of p	al res
	Initial call details	Embalming	Cosmetizing of bodies	Dressing of bodies	Directing of funerals	Selling of funeral service merchandise	Recordkeeping	Purchasing	Preparing of documents	Preparing applications fo benefits such as social se veterans administration, insurance companies and	Follow-up the funeral completed	Counseling the types o merchandi	Instruction accounts	Profession
28.														
29.														
30.														
31.														
32.														
33.														
34.														
35.														
36.														
37.														
38.														
39.														
40.														
41.														
42.														
43.														
44.														
45.														
46.														
47.														
48.														
49.														
50.														
51.														
52.														
53.														
54.														
Previous page totals:														
Totals:														

# FUNERAL DIRECTOR PRECEPTOR'S AFFIDAVIT

This form is to be completed <u>on or after</u> the completion date of the registered internship.

Resident Intern, and supervised by the below named Preceptor(s). The Resident Intern is a person of good moral character, possesses skills and knowledge of the funeral profession and has been registered as in intern from: Month Day Year to \_\_\_\_\_/ \_\_\_\_ Year \_\_\_\_ Year During the internship, the applicant deported himself/herself in an honest and satisfactory manner. This applicant has been instructed in all phases of sanitation and funeral directing and has been personally supervised in the cases listed by the applicant on their case history record, attached hereto. Preceptor Name: Address: \_\_\_\_\_ License Number: Preceptor Signature Resident Intern Signature 2<sup>nd</sup> Preceptor Signature (if applicable) State of Pennsylvania County of Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_ Notary Public Signature My commission expires: COMPLETE THIS FORM ON OR AFTER THE COMPLETION DATE OF THE **REGISTERED INTERNSHIP AND SUBMIT TO:** PCS / PAFD

> PO BOX 198689 NASHVILLE, TN 37219-8689