

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					
FULL NAME OF THE DECEASED	Initial call details	Embalming	Cosmetizing of bodies	Dressing of bodies	Directing of funerals
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:					

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[illegible]

## FUNERAL DIRECTOR PRECEPTOR'S AFFIDAVIT

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

The cases listed herein have been completed by \_\_\_\_\_  
(Name of Applicant)

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:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month Day Year Month Day 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**