

STATE OF LOUISIANA

PARISH OF				
TO WHOM IT MAY CONCERN:				
THIS IS TO NOTIFY THAT				(INTERN)
HAS COMPLETED THE FOLLOWING UNDER MY SUPERVISION, AS OUTI				ELOW,
FUNERAL HOME NAME AND ADDRESS				
BEGINNING	, AN	D ENDING		
DATE			DATE	
DURING THIS PERIOD				(INTERN)
HAS ASSISTED IN THE EMBALMING	G OF AT LE	AST	BODIES AN	D
ASSISTED IN CONDUCTING AT LEA	AST	FUNERAL	S.	
INTERNSHIP REPORTS HAVE BEEN FORWARDED TO THE BOARD'S OF		AND SIGNED	BY ME AND	
The above affidavit was signed in the pre	esence of a N	IOTARY, and	in the presence of	the
undersigned INTERN and LICENSED E	MBALMER	and FUNERA	AL DIRECTOR ar	nd/or
FUNERAL DIRECTOR OF LOUISIAN due reading of the whole.	A on this	_day of	,20	after
INTERN:			(Signature and	Intern number)
LICENSED SUPERVISOR:			(Signature and	License number
NOTA	ARY:			
(SEAL)				