Louisiana State Board of Embalmers and Funeral Directors
Suite 1232, The Executive Towers 3500 N. Causeway Boulevard Metairie, LA 70002

INTERNSHIP AFFIDAVIT

STATE OF LOUISIANA
PARISH OF _____

This is to notify that_____*(REGISTERED INTERN)* has completed the following hours and cases as indicated below, under my supervision, as outlined in LA R. S. 37:842.

_____

FUNERAL HOME NAME AND ADDRESS

Beginning _____, and ending_____
DATE *DATE*

During this period _____*(REGISTERED INTERN)*

HAS ASSISTED IN THE EMBALMING OF AT LEAST: _____ BODIES
ASSISTED IN CONDUCTING AT LEAST: _____ FUNERALS.

Internship reports have been verified and signed by me and forwarded to the board's office.

The above affidavit was signed in the presence of a NOTARY, and in the presence of the undersigned INTERN and LICENSED EMBALMER and FUNERAL DIRECTOR and/or FUNERAL DIRECTOR OF LOUISIANA on this __day of_____,20____after due reading of the whole.

REGISTERED INTERN: _____*(Signature and Intern number)*

LICENSED SUPERVISOR: _____*(Signature and License number)*

SWORN TO AND SUBSCRIBED by me,

this _____day of _____.

(SEAL) 20____, at _____.

State of the Notary

_____

NOTARY PUBLIC