

COVER LETTER FOR CHANGE OF FUNERAL HOME OR SUPERVISING  
FUNERAL DIRECTOR or EMBALMER

Updated 02/09/2015

This form will need to be utilized should a current/active apprentice need to notify the Board of a change in the funeral home in which they are completing their apprenticeship or a change in supervising funeral director or embalmer. Please complete the form, including all signatures and notaries required, and send the original to the address below. A faxed copy will NOT suffice.

Once the completed affidavit has been received by Board staff, has been processed, and deemed that everything is in order, the Board will send you new reports reflecting the changes requested on the affidavit. Please allow two week for this process to take place.

**Oklahoma Funeral Board  
3700 N. Classen, Ste 175  
Oklahoma City, Oklahoma 73118  
405.522.1790**

**STATE OF OKLAHOMA REGISTERED APPRENTICE EMPLOYMENT  
AFFIDAVIT**

I, \_\_\_\_\_ of \_\_\_\_\_  
Name Street Address

\_\_\_\_\_ In the State of Oklahoma, being first duty  
City State Zip

Sworn, state that I am \_\_\_\_\_ years of age and that I am applying for an Apprentice Registration in the  
State of Oklahoma, and that I am now employed by \_\_\_\_\_  
Name of Funeral Home

in the City of \_\_\_\_\_ in the State of Oklahoma.  
City of Funeral Home

I/we certify

1. that the applicant named herein is an employee of the establishment listed.
2. have read, understand, and will abide by the Funeral Service Licensing Act and Rules of the Oklahoma Funeral Board
3. apprenticeship will be served under the **personal** supervision of the licensees whose signatures appear on this application.
4. have read the application and the matters and things therein are true and correct.

Signed \_\_\_\_\_  
Applicant

Signed \_\_\_\_\_ FD  
Supervising Funeral Director License Number

Signed \_\_\_\_\_ EM  
Supervising Embalmer License Number

Additional Licensees who will be supervising Apprenticeship

Signed \_\_\_\_\_ FD # \_\_\_\_\_ EM# \_\_\_\_\_

Signed \_\_\_\_\_ FD # \_\_\_\_\_ EM# \_\_\_\_\_

Signed \_\_\_\_\_ FD # \_\_\_\_\_ EM# \_\_\_\_\_

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

SEAL [Applicant's Full Name]  
My Commission Expires: \_\_\_\_\_

Commission Number: \_\_\_\_\_

NOTARY \_\_\_\_\_