

Board of Registration in Embalming and Funeral Directing

Apprenticeship Transfer Form

Apprentice's Name _____

Apprentice's License Number _____

Sponsor's Name _____

Sponsor's License Number _____

Funeral Establishment _____

Address: _____

Establishment Number _____

Effective Date _____

Apprentice's Currently Registered at this Establishment

Apprentice's Signature _____

Sponsor's Signature _____

Please submit the original completed form to:

Division of Occupational Licensure

Board of Registration in Embalming and Funeral Directing

1 Federal St., Ste 0600

Boston, MA 02110

Phone: 617-701-8628 Fax: 617-701-8612