

CERTIFICATIONS

Embalming School

The information below certifies that the applicant has attended a course in instruction in Embalming.

Dean's Name: _____

Name and Address of Embalming school: _____

Applicants Name: _____

Dates attended (*month/day/year – month/day/year*): __/__/____ - __/__/____

Graduation Date: __/__/____

Number of Semester Hours: _____

Signature: _____
Dean of School of Embalming

School Seal:

Funeral Directing School

The information below certifies that the applicant has attended a course in instruction in Embalming.

Dean's Name: _____

Name and Address of Embalming school: _____

Applicants Name: _____

Dates attended (*month/day/year – month/day/year*): __/__/____ - __/__/____

Graduation Date: __/__/____

Number of Semester Hours: _____

Signature: _____
Dean of School of Embalming

School Seal: