



ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

APPRENTICE FUNERAL DIRECTOR'S CASE REPORT

\*\*IMPORTANT\*\*

Per Rule 1. Section 7 – Apprenticeship, (D), all case reports must be filed in the Board Inspector's office by the 10th of the month following the month in which the work was actually performed.

Apprentice Funeral Director's Name Apprenticeship No. Date Case Completed Case Number (e.g.: 1, 2, ..., 50)

IDENTIFICATION SECTION:

Name of Deceased: Address:
Age at Death: Sex: Place of Death: DOD: Hour:
Location of Funeral: Date: Hour:
Location of Burial: Cremation? Yes No Where? :
Cause(s) of Death: How ascertained?
Was the Body Embalmed? Yes No Casket Type:
Outer Burial Container Type: Condition of Body - Day of Funeral:

DUTIES/RESPONSIBILITIES: [Refer to Rule 1, Section 7. for required number of services. Check All That Apply]

- 1. Make the arrangements or observe the arrangements being made with the family, including the selection of merchandise.
2. Set up the church and organize how family and friends are to be directed.
3. Direct family, or assist in doing so, at the funeral and cemetery service, and dismiss the family and friends at the conclusion of the service.
4. Be in charge of the movement of the casket and instruct the pallbearers.
5. Organize the funeral procession and determine where and how parking is to be done at the chapel or church or any other place.
6. Arrange flowers.
7. Direct movement of people when viewing the deceased at the chapel or church or any other place.
8. Organize the "Order of Service" with minister and musicians.
9. Prepare notice of service and/or obituary.
10. Order copy or copies of death certificates.
11. Prepare funeral service programs and/or video life tributes.
12. When appropriate, coordinate veteran arrangements such as flag, honor guard, marker, etc.
13. Process file documentation, such as information sheet, insurance assignment(s), and final billing statement.
14. File claim on assigned insurance and/or annuity policies, social security benefits.
15. Make removals.

Other (Describe):
Other (Describe):

**APPRENTICE FUNERAL DIRECTOR’S CASE REPORT (CONTINUED)**

\_\_\_\_\_  
Apprentice Funeral Director’s Name                      Apprenticeship No.                      Date Case Completed                      Case Number (e.g.: 1, 2, ..., 50)

**NARRATION REQUIRED:** In your own words, describe, in detail, your duties/responsibilities on this case.

**COMMENTS / DESCRIPTIONS / NOTES:**

\_\_\_\_\_  
Apprentice Funeral Director’s Signature                      Date Signed

*I certify that the information contained in this case report is a true and correct statement of the work done in the above-referenced funeral service and that this work was done under my direct supervision.*

\_\_\_\_\_  
Licensed Funeral Director’s Signature (Mentor)                      Date Signed                      Mentor’s Board ID No.

**NOTE:** The Comments/Descriptions/Notes for each new case should be an *original narrative* – not copied or “cut-and-pasted” from previous case reports.

Any attachments to this case report form should include the **Apprentice Funeral Director’s Name, Board ID, and Case Number** for reference purposes.

Return Completed Case Report(s) To: Arkansas Department of Commerce  
**Arkansas Insurance Department | Funeral Services Division**  
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087  
Phone: (501) 682-0574 | E-Mail: [AID.EFD@arkansas.gov](mailto:AID.EFD@arkansas.gov)  
ATTN: Board Inspector/Investigator

**\*\*IMPORTANT: All portions of this form MUST BE COMPLETED, or the case report will not be accepted\*\***