



MISSISSIPPI STATE BOARD OF FUNERAL SERVICE
3010 LAKELAND COVE, SUITE W
FLOWOOD, MS 39232
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www.msbfms.gov

QUARTERLY TRAINING REPORT FOR FUNERAL SERVICE RESIDENT TRAINEE

(TYPE OR PRINT)

Apprentice Name: _____

Name of Funeral Establishment and License#: _____

Name of Supervisor and License#: _____

Calendar Quarter(circle one) Jan-March April-June July-Sept Oct-Dec Year _____

TRAINING ACTIVITIES (Total all cases for the quarter)

- | | |
|---|--|
| ___1. Removals(First Calls) | ___13. Preparing obituary notices |
| ___2. Supervising Pallbearers | ___14. Bathing & Creaming Face, Shaving |
| ___3. Arranging flowers | ___15. Posing & setting features |
| ___4. Dressing & casketing remains | ___16. Mixing fluid |
| ___5. Assisting with viewing/visitation | ___17. Raising vessels/placing injection tubes |
| ___6. Assisting with cemetery arrangements | ___18. Injecting fluid |
| ___7. Preparation & filing of D.C. Permits | ___19. Suturing incisions |
| ___8. Arrange & supervise funeral procession | ___20. Aspirating & cavity embalming |
| ___9. Arranging for Clergy | ___21. Applying cosmetics |
| ___10. Assisting at graveside | ___22. Cleaning & sterilizing instruments |
| ___11. Assisting in making arrangements | ___23. Preparation room administration |
| ___12. Assisting with funeral/ceremonies/services | |

