

**Rhode Island Department of Health
3 Capitol Hill, Providence RI, 02908-5097
(401) 222-2828**

Statement of Funeral Director/Embalmer

Name of Funeral Director/Embalmer _____

Internship No. _____ **Internship Began On:** _____

<u>Date</u>	<u>Name of Deceased</u>	<u>Address of Deceased</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Bodies Embalmed Under the Supervision of:

Signature and License Number of Funeral Director/Embalmer

CITY OF _____ STATE OF _____ SUBSCRIBED

AND SWORN TO BEFORE ME THIS _____ DAY OF _____
20_____.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____