



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

MOR

FOR DIVISION USE ONLY

Mortuary Science Program

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Funeral Director Trainee Case Report

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure (AS 08.42.050). Please type or print. Case Reports with illegible writing will be returned.

12 AAC 50.200(d) requires six case reports of funeral preparations performed by a trainee during the previous quarter to be submitted to the division every three months of a funeral director trainee's apprenticeship.

PART I Personal Information

Trainee Name:		Trainee Permit Number:	
Sponsor Name:		License number:	
Report for Quarter: (Select One)	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th		
Quarter Begin Date:		Quarter End Date:	

PART II Case Identification

Case Number:			
Time and Date Started:		Time and Date Completed:	

PART III Identification of Deceased

Name of Deceased:		Sex:	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth:		Date of Death:	
Place of Death:			
Primary Cause of Death:			
Family member(s) worked with and relationship to decedent:			
Who helped decide method of burial/disposition of remains:			

PART IV Type of Funeral Service

Check all that apply:

Full-Service Funeral Calling/Visitation Hours Memorial Service Graveside Service Direct Cremation

Place of Funeral Service:		Date of Funeral Service:	
Death Certificate Filed At (Place):		Death Certificate Filed On (Date):	
Death Certificate Filed By (Person):			
Personal data received from next of kin on:		Medical certification of cause of death received on:	
Is Certificate of Death being filed more than one year after death?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If body or fetus is to be removed from state, burial transit permit was obtained on:		From (State):	

PART V Funeral Participation

Check all items performed by the trainee.

A. Removal of Remains

Place of Removal: _____

- Accompanied supervisor on first call.
- Assisted in making arrangement appointment.
- Discussed necessary clothing and information needed for arrangements.
- Secured information from place of removal (hospital, nursing home, etc.

B. Funeral Arrangements

- Present in arrangement room.
- Prepared newspaper notices.
- Completed death certificate.
- Filed death certificate and secured permits.
- Assisted in music arrangements.
- Made cemetery arrangements.
- Made arrangements for and ordered outer receptacle.

C. Final Setup Details

- Assisted in placing the casket in visitation room.
- Received friends and family during visitations.

PART V Funeral Participation (continued)

C. Final Setup Details (continued)

- Seated guests.
- Assisted in setting up visitation room (flowers, pictures, etc.).

Write a brief explanation of your involvement in the arrangement of the visitation room:

D. Merchandising

- Was present during merchandise selection OR observed casket/urn sale.
- Observed sale of outside container.
- Observed selection of clothing.
- Recorded merchandise sold.
- Observed pricing methods.
- Discussed service cost with employer.
- Prepared funeral service statement.

Write a brief explanation of what merchandise was selected:

E. Funeral Service

- Assisted in directing service.
- Assisted the family and relatives.
- Seated guests.
- Drove hearse, service car, family car.
- Assisted in directing casket bearers & honorary groups.
- Assisted in the committal service & cemetery details.

Write a brief explanation of your involvement with the service:

PART V Funeral Participation (continued)

Additional services offered and/or provided:

Additional comments:

Supervisors: *please read this report before signing.*

Trainees: *It is highly unlikely that you did a removal, conducted the funeral and buried all in the same day. Please re-check the dates on your list.*

PART VI Signatures

Trainee Printed Name:			
Trainee Signature:		Date Signed:	
Supervisor Printed Name:			
Supervisor Signature:		Date Signed:	