

Type or Print in Ink

No Fee

**MISSISSIPPI STATE BOARD OF FUNERAL SERVICE**  
Application to Change Preceptor

Apprentice Name: \_\_\_\_\_

License Number: \_\_\_\_\_

I am presently employed full time at \_\_\_\_\_  
Name of licensed funeral establishment

Address \_\_\_\_\_  
# & Street City State County Zip

where I have arranged to serve my funeral directing resident traineeship under:

\_\_\_\_\_  
Funeral Directing / Service Licensee FD / FS #

Signature of Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

The above named person, \_\_\_\_\_, personally known to me, signed the application in my presence and being duly sworn, states that they have read the above application and that the statements which they made therein are true and correct to the best of their knowledge and belief. Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_.

Notary Public \_\_\_\_\_

**Affidavit of Funeral Directing or Funeral Service Licensee**

I, \_\_\_\_\_, duly licensed for the practice of funeral directing or  
Preceptor Name FD or FS License #

funeral service by the Mississippi State Board of Funeral Service hereby certify that \_\_\_\_\_  
Name of Applicant

started serving his/her funeral directing resident traineeship under my personal supervision on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and he/she has been serving in that capacity since that time. Said resident trainee is

employed at \_\_\_\_\_ where I am also employed full time as a funeral directing or  
Name of Licensed Funeral Establishment

funeral service licensee.

I hereby certify that the foregoing statements are true and correct and should the above named resident trainee discontinue his/her traineeship under my personal supervision, I will file with the Secretary of the Board an affidavit showing the length of time served under me. I understand, should the application for registration be accepted, my license may be suspended, or revoked, or I may be placed on a period of probation, for violation of Sections 73-11-41 et. seq. of the Mississippi Code Annotated, 1972, or the rules and regulations of this Board.

\_\_\_\_\_  
Signature of License FD/FS License #

MISSISSIPPI County of \_\_\_\_\_

The above named person, personally known to me, signed the application in my presence and being duly sworn, states that he/she read the above application and that the statements which he/she made therein are true and correct to the best of his/her knowledge and belief. Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary Public: \_\_\_\_\_