



MISSISSIPPI STATE BOARD OF FUNERAL SERVICE
 3010 LAKELAND COVE, SUITE W
 FLOWOOD, MS 39232
 Office: (601) 932-1973 Fax: (601) 932-1901
www.msbfms.gov

QUARTERLY TRAINING REPORT FOR FUNERAL DIRECTOR 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 ACTIVITES (Total all cases for the quarter)

- | | |
|---|--|
| ___ 1. Removals(First Calls) | ___ 8. Arrange & supervise funeral procession |
| ___ 2. Supervising Pallbearers | ___ 9. Arranging for Clergy |
| ___ 3. Arranging flowers | ___ 10. Assisting at graveside |
| ___ 4. Dressing & casketing remains | ___ 11. Assisting in making arrangements |
| ___ 5. Assisting with viewing/visitation | ___ 12. Assisting with funeral ceremonies/services |
| ___ 6. Assisting with cemetery arrangements | ___ 13. Preparing obituary notices |
| ___ 7. Preparation & filing of D.C. Permits | |

BEHAVIOR AND WORK EVALUATION

	Unsatisfactory	Satisfactory
Cooperation	_____	_____
Initiative	_____	_____
Integrity	_____	_____
Responsibility	_____	_____
Emotional Stability	_____	_____
Quality of Work	_____	_____
Safety Habits	_____	_____

Additional Comments of Supervisor: _____

