

**SOUTH DAKOTA BOARD OF FUNERAL SERVICE  
RELEASE AND WAIVER FOR APPRENTICESHIP SUPERVISORS**

INSTRUCTIONS: You must complete this form and send to your supervisors. Please make enough copies of this so that you can sign an original for each supervisor.

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I, \_\_\_\_\_, the applicant for licensure as a funeral embalmer  
(Please Print)  
director in South Dakota, do hereby authorize

\_\_\_\_\_  
(Name of Supervisor)

to release all information in his/her possession that related or may relate to my fitness to practice funeral embalming/directing to the South Dakota Board of Funeral Service or its designee, and I authorize the South Dakota Board of Funeral Service or its agents or employees to consider any or all of such information in passing on the attached Apprenticeship certification form. This authorization, release and waiver specifically applies to all information in possession of the above named supervisor, including all material deemed privileged or confidential, and I hereby direct the named supervisor to release such information to the South Dakota Board of Funeral Service or its designee.

I hereby also specifically waive any procedural due process rights, whether based in common law, statute or constitution of any state, province or the United States, that would otherwise entitle me to a hearing before release of the materials referred above.

In consideration of the above named supervisor releasing any information in its possession concerning me,

I, \_\_\_\_\_, on behalf of my self, my spouse, legal representatives, heirs and assigns, hereby release, waive discharge, and agree to hold harmless and indemnify

\_\_\_\_\_, (name of supervisor) the State of South Dakota Board of Funeral Service and their officers, agents and employees from and against any and all claims, actions suits, damages and liabilities arising or allegedly arising from the release of the information.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

\_\_\_\_\_  
(applicant's signature)

State of \_\_\_\_\_)

County of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, before me \_\_\_\_\_

the undersigned officer, personally appeared \_\_\_\_\_, known to me or satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same for the purposed therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on the date above first written.

(Seal)

\_\_\_\_\_  
Notary Public  
State of \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ SS No. \_\_\_\_\_

CERTIFICATE OF APPRENTICESHIP

PLEASE PRINT

I Supervisor, \_\_\_\_\_, hereby certify that  
(name)  
the above named applicant was in my employ for the period of \_\_\_\_\_ months as a  
funeral service trainee operating continuously under my personal supervision commencing on the  
\_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, that under my supervision  
during that time he/she assisted in the embalming arterially of \_\_\_\_\_ bodies and assisted  
(South Dakota requires 25 minimum)  
conducting \_\_\_\_\_ funerals  
(South Dakota requires 5 minimum)

SUPERVISOR INFORMATION:

Name \_\_\_\_\_  
First Middle Maiden Last Name  
Address \_\_\_\_\_  
Street City State Zip  
Date Licensed: \_\_\_\_\_ year \_\_\_\_\_, \_\_\_\_\_  
License Number

Supervisor's Signature \_\_\_\_\_ State Licensed

Please return directly to:

**South Dakota Board of Funeral Service**  
810 North Main #298  
Spearfish, SD 57783  
Telephone (605) 642-1600