

**SOUTH DAKOTA BOARD OF FUNERAL SERVICES
TRAINEE CASE REPORT - FUNERAL ARRANGEMENTS**

Please Print

SPONSOR

TRAINEE

Last First License # Last First License #

Signed: _____ Signed: _____ Date: _____

Case # _____ of 5 Date _____.

(1) Send a completed copy of the following with this report:

- 1) Certificate of Death
- 2) Permit for Disposition of Dead Human Body
- 3) Please staple together

(2) Please answer the following:

Name of deceased: _____
Death certificate filled out by: _____
Death certificate signed by: _____
Where filed _____

SERVICE DATA

Please complete all lines

Services (place and time)_____	Confirmed by_____
Officiating_____	Confirmed by_____
Organist_____	Confirmed by_____
Special Music_____	Confirmed by_____
Pallbearers (relationship to deceased)_____	Confirmed by_____
Name of Cemetery_____	Confirmed by_____
Ushers_____	Confirmed by_____
Hairdresser_____	Confirmed by_____
Clothing received from_____	Confirmed by_____
Memorial folders ordered by _____	Confirmed by_____
Grave opening_____	Confirmed by_____
Graveside Rites by_____	Confirmed by_____
Outside Burial Receptacle (box or vault)_____	Confirmed by_____
Burial Permit ordered from_____	Confirmed by_____
Where burial permit filed_____	Confirmed by_____

OBITUARY

(3) **In your words,** type or print an obituary for the deceased, suitable for newspaper publication, including the person's name, residence, date and place of death, date and place of services, burial, officinal, visitation hours, life story (with birth, schooling, marriage, employment, retirement), survivors, memberships and accomplishment, pall bearers, music and ushers.

(4) Send a copy of the obituary printed in newspaper with this report.

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For Board Use Only:

Approved: _____ Date: _____