

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

SOUTH DAKOTA BOARD OF FUNERAL SERVICE
810 North Main Street #298
Spearfish, SD 57783
605-642-1600

I, _____, the applicant for licensure as a Funeral Embalmer in South Dakota,
(Please print applicant name)

do hereby authorize _____ to release all information in his/her
(Name of Supervisor)

possession that relates 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 myself, my spouse, legal representatives,
(Name of Applicant)

heirs and assigns, hereby release, waive discharge, and agree to hold harmless and indemnify _____, the State of South Dakota Board of Funeral Service and
(Name of Supervisor)

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 purpose 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, _____, by signing this document hereby
(Print Name)

certify that the above named applicant was in my employ for the period of _____ months as a Funeral Service Trainee. I attest they were continuously operating under my personal supervision and that during that time he/she:

1. Assisted in the embalming arterially of at least 25 bodies
2. Assisted in conducting at least 5 funerals
3. Worked at least 2,080 hours as part of the traineeship requirements
4. Has met all of the requirements of South Dakota Administrative Rules 20:45:03:02

Supervisor

Name: _____
(Last) (First) (M.I.)

Supervisor License Number: _____ Original Issue Date: _____

Funeral Home

Name: _____

Funeral Home License Number: _____

Funeral Home

Address: _____
(Street) (City) (State) (Zip)

Supervisor's Signature

Date (mm/dd/yyyy)

Please return directly to:

South Dakota Board of Funeral Service
810 North Main St. #298
Spearfish, SD 57783