

Trainee Monthly Report

To the South Dakota Board of Funeral Service. To be in the hands of the Secretary of the board by the 10th of each month. Traineeship ceases as of 12th card received.

Name _____ Trainee No. _____

Address _____
Street City State Zip code

Report Card Mailed on _____, 20 ____ for month of _____

Cummulative number of hours worked in the funeral establishment as part of the training program (minimum 2,080 hrs required before program ceases) _____

Number of funeral arragement reports filed to date _____

Number of case reports filed to date _____

Number of funerals assisted to date _____

Employed by _____
Funeral Home City

Signature of Trainee

Signature of Sponsor