FUNERAL SERVICE INTERN HOURS ATTESTATION FORM
FIRST (1ST) REPORT

Virginia Board of Funeral Directors and Embalmers
Perimeter Center – 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233-1463
Phone: 804-367-4479 FAX: 804-527-4413
Email: FanBd@dhp.virginia.gov Website: www.dhp.virginia.gov

TO BE COMPLETED BY FUNERAL SERVICE INTERN:

Full Legal Name: _____

Mailing Address: _____

City/State: _____ Zip: _____

Email: _____ Phone: _____

Name of Funeral Service Establishment Employed:

_____

License# of Funeral Service Establishment: _____

Name of Supervisor: _____ License#: _____

Start Date: _____ End Date: _____ *Total Hours worked: _____

***The Virginia Board of Funeral Directors and Embalmers reserve the right to request verification of hours worked.**

We attest to the accuracy of the hours reported and compliance with the Virginia regulations and statutes governing the practice of funeral services.

Funeral Service Intern: _____ Date: _____

Funeral Service Supervisor: _____ Date: _____

FUNERAL SERVICE INTERN HOURS ATTESTATION FORM SECOND (2ND) REPORT

Virginia Board of Funeral Directors and Embalmers
Perimeter Center – 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233-1463
Phone: 804-367-4479 FAX: 804-527-4413
Email: FanBd@dhp.virginia.gov Website: www.dhp.virginia.gov

TO BE COMPLETED BY FUNERAL SERVICE INTERN:

Full Legal Name: _____

Mailing Address: _____

City/State: _____ Zip: _____

Email: _____ Phone: _____

Name of Funeral Service Establishment Employed:

_____

License# of Funeral Service Establishment:_____

Name of Supervisor: _____ License#: _____

Start Date: _____ End Date: _____ *Total Hours worked:_____

***The Virginia Board of Funeral Directors and Embalmers reserve the right to request verification of hours worked.**

We attest to the accuracy of the hours reported and compliance with the Virginia regulations and statutes governing the practice of funeral services.

Funeral Service Intern: _____ Date: _____

Funeral Service Supervisor: _____ Date: _____

Rev 10/11/2013

FUNERAL SERVICE INTERN HOURS ATTESTATION FORM THIRD (3RD) REPORT

Virginia Board of Funeral Directors and Embalmers
Perimeter Center – 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233-1463
Phone: 804-367-4479 FAX: 804-527-4413
E-Mail: FanBd@dhp.virginia.gov Website: www.dhp.virginia.gov

TO BE COMPLETED BY FUNERAL SERVICE INTERN:

Full Legal Name: _____

Mailing Address: _____

City/State: _____ Zip: _____

Email: _____ Phone: _____

Name of Funeral Service Establishment Employed:

_____

License# of Funeral Service Establishment: _____

Name of Supervisor: _____ License#: _____

Start Date: _____ End Date: _____ *Total Hours worked: _____

***The Virginia Board of Funeral Directors and Embalmers reserve the right to request verification of hours worked.**

We attest to the accuracy of the hours reported and compliance with the Virginia regulations and statutes governing the practice of funeral services.

Funeral Service Intern: _____ Date: _____

Funeral Service Supervisor: _____ Date: _____