

# Embalmer Apprentice Log

Apprentice Name: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

Week Of: _____				
Hours: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____ Total _____				
Date of Death	Name of Deceased	Date/Place of Embalming	Facility Name	Supervisor's Sign off
Week Of: _____				
Hours: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____ Total _____				
Week Of: _____				
Hours: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____ Total _____				
Week Of: _____				
Hours: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____ Total _____				