

CASE REPORTS FOR FUNERAL DIRECTOR INTERN

State Form 11470 (R6 / 1-15)

PROFESSIONAL LICENSING AGENCY STATE BOARD OF FUNERAL AND CEMETERY SERVICE

402 West Washington Street, Room W072 Indianapolis, Indiana 46204-2298 Telephone: (317) 234-3031 www.IN.gov/pla

INSTRUCTIONS:

Funeral director interns shall submit to the board a total of four (4) case reports by the conclusion of the one (1) year experience requirement as follows:

First report due at the end of your third (3rd) month of licensure. Second report due at the end of your sixth (6th) month of licensure. Third report due at the end of your ninth (9th) month of licensure. Fourth report due at the end of your twelfth (12th) month of licensure

Check one:			Third Occurs F	T	F	or ETP and
First Quarter Filing	Second Qu	arter Filing	Third Quarter Fi	lling \Box	Fourth Quarte	er Filing
Name of intern (please print)				Intern licer	nse number	
Signature of intern				Date (mon	th, day, year)	
SECTION A	NAN	E OF DECEASE	D		DATE OF I	DEATH (month, day, year)
1.						
2.						
3.						
4.						
5.						
6.						
SECTION B 1 Name of first deceased			CASE INFORMATIO	ON	Date (month, o	Vary van d
Name of hist deceased					Date (month, c	iay year)
Age Sex Male Femal	 	(month, day, year)			Autopsy	Yes No
Cause of death	<u> </u>					
Condition of body before embalming						
Vessels used						
List special treatment necessary.						
List special deadliefft fiecessary.						
Restorative art employed (explain)						
Condition of body at time of burial						
Supervising funeral director's evaluation of the lice	ensed intern's perfo	rmance regarding	this case			
· · · · · · · · · · · · · · · · · · ·						
Signature of supervising funeral director		Funeral Director I	cense number	Funeral Home lice	nse number	Date (month, day, year)

			CASE INFORMATION	NC			
Name of second dece	Date (month, day year)						
Age	Sex Date of death (month, day, year) Male Female					Yes No	
Cause of death							
Condition of body before embalming							
Vessels used							
List special treatment i	necessary.						
Restorative art employ	red (explain)						
Condition of body at til	me of burial						
Supervising funeral dir	rector's evaluation of the license	ed intern's perfo	rmance regarding this case				
Signature of supervision	ng funeral director		Funeral Director license number	Funeral Home lice	ense number	Date (month, day, year)	
				I			
SECTION B 3			CASE INFORMATION	ON			
Name of third decease	ed				Date (month,	day year)	
Age		Date of death (month, day, year)				Autopsy	
7.90	Sex	Date of death	(month, day, year)			Yes No	
Cause of death	I I	Date of death	(month, day, year)			Yes	
	☐ Male ☐ Female	Date of death	(month, day, year)			Yes	
Cause of death	☐ Male ☐ Female	Date of death	(month, day, year)			Yes No	
Cause of death Condition of body before	☐ Male ☐ Female	Date of death	(month, day, year)			Yes	
Cause of death Condition of body before	☐ Male ☐ Female	Date of death	(month, day, year)			Yes	
Cause of death Condition of body before Vessels used	☐ Male ☐ Female	Date of death	(month, day, year)			Yes No	
Cause of death Condition of body before Vessels used	Male Female pre embalming necessary.	Date of death	(month, day, year)			Yes No	
Cause of death Condition of body before Vessels used List special treatment	Male Female pre embalming necessary.	Date of death	(month, day, year)			Yes No	
Cause of death Condition of body before Vessels used List special treatment	male Female ore embalming necessary. ored (explain)	Date of death	(month, day, year)			Yes No	
Cause of death Condition of body before Vessels used List special treatment of the second	male Female ore embalming necessary. ored (explain)					Yes No	
Cause of death Condition of body before Vessels used List special treatment of the second	Male Female ore embalming necessary. red (explain)					Yes No	

SECTION B 4 CASE INFORMATION							
Name of fourth decea	Date (month, day year)						
Age	Sex Date of death (month, day, year)					Yes No	
Cause of death							
Condition of body before embalming							
Vessels used							
List special treatment	necessary.						
Restorative art employ	red (explain)						
Condition of body at ti	me of burial						
Supervising funeral di	rector's evaluation of the license	d intern's performance	regarding this case				
Signature of supervision	ng funeral director	Funera	al Director license number	Funeral Home lice	nse number	Date (month, day, year)	
SECTION B 5			CASE INFORMAT	ION			
Name of fifth decease					Date (month,	day year)	
Age	Sex Male Female	Date of death (month	day, year)		Autopsy	Yes 🗌 No	
Cause of death							
Condition of body before embalming							
Vessels used							
List special treatment	necessary.						
List special treatment	necessary.						
List special treatment Restorative art employ							
	red (explain)						
Restorative art employ Condition of body at ti	red (explain)	d intern's performance	regarding this case				
Restorative art employ Condition of body at ti	red (<i>explain</i>) me of burial	d intern's performance	regarding this case				

			CASET	IFORMATI			
Name of sixth deceased	1				Date ((month, da	ny year)
Age	Sex Date Date	e of death (<i>monti</i>	h, day, year)		Autop	. —	∕es □ No
Cause of death							
Condition of body before	e embalming						
Vessels used							
List special treatment ne	List special treatment necessary.						
Restorative art employe	d (avalaia)						
restorative art employe	u (<i>expiairi</i>)						
Condition of body at time	e of burial						
•	ector's evaluation of the licensed into	ern's performanc	ce regarding this case				
Signature of supervising	g funeral director	Fune	ral Director license nun	ber	Funeral Home license nui	mber [Date (month, day, year)
SECTION C INTERN PERFORMANCE EVALUATION							
			INTERN PERFOR	MANCE E	VALUATION		
The funeral directo	or intern has assisted or particip	pated in the fol				of times _l	performed in each case.)
The funeral directors	or intern has assisted or particip	pated in the fol	llowing funeral direct		s: (Indicate the number	of times _I	performed in each case.)
	or intern has assisted or particip	pated in the fol	llowing funeral direct	ng services	s: (Indicate the number	of times _I	performed in each case.)
1. Embalmings		pated in the fol	llowing funeral direct	ng services	s: (Indicate the number of security Forms	of times _I	performed in each case.)
Embalmings First Call	nerals	pated in the fol	llowing funeral direct	ng services	s: (Indicate the number of security Forms Funeral	of times _l	performed in each case.)
 Embalmings First Call Assisted at Fur Prepared Death 	nerals	pated in the fol		ng services O. Veterans I. Social S C. Indigent Cemete	s: (Indicate the number of security Forms Funeral	- - -	performed in each case.)
 Embalmings First Call Assisted at Fur Prepared Death 	nerals h Notices ral or Memorial Services	pated in the fol		ng services O. Veterans I. Social S O. Indigent O. Cemete I. Assist in O. Mainten	s: (Indicate the number of security Forms Funeral ry Details	- - - -e -	performed in each case.)
 Embalmings First Call Assisted at Fur Prepared Death Arranged Fune 	nerals h Notices ral or Memorial Services Services	pated in the fol		ng services D. Veterans D. Veterans D. Social S D. Indigent D. Cemete D. Assist in Establis D. Preparat	s: (Indicate the number of security Forms Funeral ry Details the sale of merchandis ance of Funeral	- - - e - nt	performed in each case.)
 Embalmings First Call Assisted at Fur Prepared Death Arranged Fune Rosary-Lodge Prepared Death 	nerals h Notices ral or Memorial Services Services	pated in the fol	1 1 1 1 1 1 1 1 1 1	ng services D. Veterans D. Veterans D. Social S D. Indigent D. Cemete D. Assist in Establis D. Preparat Individual	s: (Indicate the number of security Forms Funeral ry Details the sale of merchandisence of Funeral hment and all Equipmention of Sales Tax for each	- - - e - nt	performed in each case.)
 Embalmings First Call Assisted at Fur Prepared Death Arranged Fune Rosary-Lodge Prepared Death 	nerals h Notices ral or Memorial Services Services h Certificates rganist, Soloist or Beautician	pated in the fol	1 1 1 1 1 1 1 1 1 1	ng services D. Veterans D. Veterans D. Social S D. Indigent D. Cemete D. Assist in Establis D. Preparat Individual	s: (Indicate the number of security Forms Funeral Ty Details the sale of merchandise The sale of Funeral of the security forms The sale of Funeral of the security for se	- - - e - nt	performed in each case.)
 Embalmings First Call Assisted at Fur Prepared Death Arranged Fune Rosary-Lodge Prepared Death Arranged for One Ship-Out Detain 	nerals h Notices ral or Memorial Services Services h Certificates rganist, Soloist or Beautician			ng services D. Veterans D. Veterans D. Social S D. Indigent D. Mainten Establis D. Preparat Individua C. Complia	s: (Indicate the number of Security Forms Funeral Ty Details The sale of merchandis The sale of merchandis The sale of Funeral The sale and all Equipment The sale of Service The sale of Rulling	- - - e - nt -	
 Embalmings First Call Assisted at Fur Prepared Death Arranged Fune Rosary-Lodge Prepared Death Arranged for One Ship-Out Detain 	nerals h Notices ral or Memorial Services Services h Certificates rganist, Soloist or Beautician	s true and corr	llowing funeral direct 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ng services D. Veterans D. Veterans D. Social S D. Indigent D. Indigent D. Assist in D. Mainten Establis D. Preparat Individua C. Complia	s: (Indicate the number of Security Forms Funeral Try Details The sale of merchandis The sale of merchandis The sale of Funeral The sale of Security For each of Security The sale of Tax for each of Security The sal	- - e - nt -	at providing fraudulent

FOURTH QUARTER INTERNSHIP VE	RIFICATION BY FUNERAL DIRECTOR	R
I,	- ,	, of
(Name of funeral director)	(License nu	umber)
the	(Location	Δ
(Name of Tuneral nome)	(Location)
, hereby verify that (<i>License number</i>)	(Name of intern)	for the period
,		
from to to	(Month, day, year)	, has practiced funeral
service continuously under my direct supervision pursuant to 832 IAC 3-2	-1.	
I swear to or affirm the truth of the foregoing.		
STATE OF		
STATE OF	_/	
COUNTY OF —	SS:	
	been duly sworn on oath, say that I am	
director, that I have personally prepared the foregoing verification, and that		
providing fraudulent information may be grounds for refusal to issue the lice may be issued, and for disciplinary action against the license that I hold.	nse for which is being applied, for discip	linary action against the license which
	To: (N. D. III	
Signature of supervising funeral director	Signature of Notary Public	
Printed or typed name of supervising funeral director	Printed or typed name of Notary Public	
Finited of typed frame of Supervising funeral director	Filinted of typed flame of Notary Fublic	
Date subscribed and sworn to Notary Public (month, day, year)	County of residence	Date commission expires (month, day, year)
Date subscribed and sworm to Hotally Fability (month, day, year)	County of residence	Bate commission expires (monar, day, year)
FOURTH QUARTER INTERNSHIP VE	ERIFICATION BY FUNERAL DIRECTOR	R
, som goant in initial in		
l,	_ ,	, of
(Name of funeral director)	(License nu	umber)
the	0.00	
(Name of funeral home)	(Location)
, hereby verify that		for the period
(License number)	(Name of intern)	
from to		, has practiced funeral
(Month, day, year)	(Month, day, year)	
service continuously under my direct supervision pursuant to 832 IAC 3-2	-1.	
Laviage to an office the tenth of the forest in		
I swear to or affirm the truth of the foregoing.		
STATE OF	_	
	SS:	
COUNTY OF —	_}	
I , having	been duly sworn on oath, say that I am	the above-named supervising funeral
director, that I have personally prepared the foregoing verification, and that	the same is true to the best of my kno	wledge and belief. I understand that
providing fraudulent information may be grounds for refusal to issue the lice	nse for which is being applied, for discip	linary action against the license which
may be issued, and for disciplinary action against the license that I hold.		
Signature of supervising funeral director	Signature of Notary Public	
	•	
Printed or typed name of supervising funeral director	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public (month, day, year)	County of residence	Date commission expires (month, day, year)