



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF FUNERAL SERVICES**

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### RESIDENT INTERN QUARTERLY REPORT

**Instructions:** Interns must submit four quarterly reports for the year-long internship period. The reports may be submitted at the end of each three-month period, or all four reports may be submitted at the end of the internship year. **Forms must be signed by both the intern and the intern's sponsor and notarized. Mail directly to the Board office at the address above.**

Intern Name: \_\_\_\_\_ Intern License No.: **K3-** \_\_\_\_\_

This report is for work completed during the quarterly period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.  
month/day/year month/day/year

DATE	NAME OF DECEASED	CHECK WORK DONE		
		EMBALMING	ARRANGEMENTS	SERVICES

**Signature of Intern:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I certify that the intern named above satisfactorily completed the work listed above.**

**Signature of Sponsor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_.

SEAL

Signature of Notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_