



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

STATE OF DELAWARE
BOARD OF FUNERAL SERVICES

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

STATEMENT OF SPONSOR

INSTRUCTIONS

Use this form to report the addition of a new sponsor during your internship. Provide your details below and have your new sponsor complete and sign the statement below. Upload the signed document on the attachments page of the *Manage Affiliations* Service Request in [DELPROS](#).

FUNERAL RESIDENT INTERN INFORMATION – *Required to be completed by the Funeral Resident Intern.*

Name: _____
Last/Family Name First Middle

License Number: ____ - _____

SPONSORING FUNERAL DIRECTOR INFORMATION – *Required to be completed by the sponsoring Funeral Director.*

1. Sponsor Name: _____
Last/Family Name First Middle

2. Delaware License Number: K1- _____ Expiration Date: _____

3. Funeral Establishment Name: _____

4. Business Address: _____

_____ Delaware _____
City Zip

I certify that I will direct and personally supervise the named Intern during his or her period of training to become a Delaware-licensed funeral director.

Signature of Sponsor: _____ Date: _____

UPLOAD THIS DOCUMENT TO THE SERVICE REQUEST IN DELPROS.