



CANNON BUILDING
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STATE OF DELAWARE
BOARD OF FUNERAL SERVICES

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STATEMENT OF SPONSOR

INSTRUCTIONS

Check the situation that applies to you (check only one):

- ☐ I am applying for a Funeral Resident Intern license.
- ☐ I am reporting the addition of a new sponsor during my internship. License No.: **K3** - _____

Provide the details below and have your sponsor complete and sign the statement below. Upload the signed document on the attachments page of the application or service request in [DELPROS](#).

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

Name: _____
Last/Family Name First Middle

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: _____

City Delaware Zip

- ☐ I certify that I will direct and personally supervise the above 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 APPLICATION OR SERVICE REQUEST IN DELPROS.