

Funeral Directing Case Report – Internship

Iowa Board of Mortuary Science

**This report is specific to the case being reported.
Enter information for all questions.**

Date: _____

Case No: _____

This report should be completed as soon after each funeral service as possible. The entire form must be completed for acceptance by the board. If you have any questions please call the board office at (515) 281-4287.

Name of Intern: _____

Intern Registration Number: _____

Preceptor Name: _____

Expiration Date of Internship: _____

Funeral Establishment: _____

Telephone: _____

Deceased Name: _____ Date of Death: _____ Place of Death: _____

Give a short synopsis of the funeral: Example: A 73 year old male died at the Manor Nursing Home in Springfield. Arrangements were made Tuesday morning with visitation Wednesday afternoon and evening at Garden Chapel. Funeral was held 10:30 am Thursday at Springfield Church with burial at city cemetery.

1. Removal and Arrangements:

Describe your duties for the following, be specific for each funeral.

First call and removal:

Preparation room and dressing room including cosmetics, dressing and casketing:

Arrangement conference:

2. Merchandising:

Describe your duties regarding selling of merchandise such as casket, urn and vault.

3. Visitation:

Describe your duties prior to and during visitation including your responsibilities to the family.

4. Funeral:

Describe your duties for the initial set up, the funeral service and the post funeral activities including family follow-up.

Describe the paperwork completed for this service.

5. Learning:

What did you learn from this experience?

Intern Performed	Funeral Directing Task (To be completed by intern)	Intern Comments Intern must provide comments on their activities (Describe in general how you performed your duties)
<input type="checkbox"/>	Complete arrangement paperwork	
<input type="checkbox"/>	Contact ministers	
<input type="checkbox"/>	Contact cemeteries/crematories	
<input type="checkbox"/>	Contact outer burial container provider	
<input type="checkbox"/>	Contact florist	
<input type="checkbox"/>	Contact musicians/vocalists	
<input type="checkbox"/>	Complete obituaries	
<input type="checkbox"/>	Conduct funerals	
<input type="checkbox"/>	Set up floral arrangements	
<input type="checkbox"/>	Set up register book	
<input type="checkbox"/>	Prepare memorial folders	
<input type="checkbox"/>	Greet funeral attendees	
<input type="checkbox"/>	Assist casket bearers	
<input type="checkbox"/>	Prepare for funeral procession	
<input type="checkbox"/>	Drive a vehicle in procession	
<input type="checkbox"/>	Assist at graveside committal	
<input type="checkbox"/>	Transport flowers	
<input type="checkbox"/>	Care for funeral attendees at cemetery	
<input type="checkbox"/>		

6. Preceptor Comments:

Preceptor must provide comments on the intern’s activities. The first 5 must be more in depth

Signature of Intern _____

Signature of Preceptor _____

SIGNATURE INDICATES THAT THE INTERN’S DUTIES WERE SATISFACTORY.