

# ASSUMPTION OF RESPONSIBILITY FORM

Name of Funeral Establishment: \_\_\_\_\_

Address of Funeral Establishment: \_\_\_\_\_

The Arizona licensed funeral director in charge of the establishment is:

Name: \_\_\_\_\_ FD License No: \_\_\_\_\_

Home Address: \_\_\_\_\_

## CERTIFICATE OF FUNERAL DIRECTOR

I hereby affirm that I am duly licensed as a funeral director in the state of Arizona and reside therein. I am familiar with the laws of Arizona and the rules and regulations of the Arizona State Board of Funeral Directors and Embalmers and the Department of Health Services relating to funeral establishments. I affirm that the establishment will be equipped, operated and maintained in accordance with the provisions of such laws and regulations. As responsible funeral director, I understand that I am responsible to the Arizona State Board of Funeral Directors and Embalmers for a licensed funeral establishment's compliance with the aforementioned laws and regulations and hereby accept responsibility for the establishment named above.

DATE \_\_\_\_\_

Signed: \_\_\_\_\_

FAX (602) 542-3093