

<i>Check appropriate application:</i>	<b>FD</b>	<b>EMB</b>
Conference Certificate		
Out-of-State Licensure		
by Written Examination		

#E \_\_\_\_\_ issued \_\_\_\_\_  
 #F \_\_\_\_\_ issued \_\_\_\_\_

# Arizona State Board of Funeral Directors and Embalmers

1400 West Washington, Suite 230, Phoenix, Arizona 85007 (602) 542-3095 FAX: (602) 542-3093

## APPLICATION FOR EMBALMER AND/OR FUNERAL DIRECTOR LICENSE

FULL NAME \_\_\_\_\_ SS # \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address (if different than above) \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

\_\_\_\_\_ PHONE NO \_\_\_\_\_

PRIOR NAMES OR ALIASES \_\_\_\_\_

DATE AND LOCATION OF BIRTH \_\_\_\_\_



EDUCATION	NAME OF SCHOOL	LOCATION	GRADUATION DATE
HIGH SCHOOL			
MORTUARY SCHOOL			
OTHER SCHOOL			

### APPRENTICESHIP

DATE FROM	DATE TO	STATE	REGIST. #	DATE ISSUED	MORTUARY	#OF BODIES

*Does the state you were licensed in require mortuary school graduation prior to apprenticeship ?*

**YES**

**NO**



***THIS APPLICATION IS INCOMPLETE IF ALL ANSWERS ARE NOT PROVIDED AS REQUESTED.***

**AFFIDAVIT BY APPLICANT**

I, \_\_\_\_\_, understand that all documents submitted as a requirement of this application are made part of this application and that any false statements contained herein or any false documents submitted herewith constitute cause for suspension or revocation of any license or registration granted by this Board.

I have read the foregoing application and know the contents thereof, and the matters and things herein stated are true and correct.

\_\_\_\_\_  
signature of applicant

Duly acknowledged, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

\_\_\_\_\_  
notary public

**PROFESSIONAL ENDORSEMENT CERTIFICATION**

I, \_\_\_\_\_, hereby state that I am a licensed funeral director and embalmer duly licensed in the state of \_\_\_\_\_. My license numbers and dates of issue are: \_\_\_\_\_

\_\_\_\_\_ I have personally known \_\_\_\_\_, the signed of this application, for \_\_\_\_\_ years and hereby certify that I am familiar with and can vouch for the applicant's good character, reputation and professional attitudes. I recommend that this application be accepted.

\_\_\_\_\_  
signature of endorsee

\_\_\_\_\_  
address

Duly acknowledged, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

\_\_\_\_\_  
notary public

**PERSONAL ENDORSEMENT CERTIFICATION**

I, \_\_\_\_\_, hereby state that I have known \_\_\_\_\_, the signer of this application for \_\_\_\_\_ years. I certify that I am familiar with and can vouch for the applicant's good character, reputation and professional ability. I recommend this application be accepted.

\_\_\_\_\_  
signature of endorsee

\_\_\_\_\_  
address

Duly acknowledged, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

\_\_\_\_\_  
notary public

**IF YOU ARE APPLYING FOR RECOGNITION OF OUT-OF-STATE LICENSURE, THE FOLLOWING IS TO BE COMPLETED BY THE LICENSING AGENCY IN THE STATE WHERE YOU ARE PRESENTLY LICENSED.**

### STATE CERTIFICATION

This is to certify that \_\_\_\_\_ currently holds license or registration in the state of \_\_\_\_\_ as follows:

	LICENSE #	DATE ISSUED	HOW QUALIFIED (exam, reciprocity, national)
<b>EMBALMER</b>			
<b>FUNERAL DIRECTOR</b>			
<b>MORTUARY SERVICES</b> (dual license)			

Has disciplinary action been taken against this applicant?      yes \_\_\_\_\_      no \_\_\_\_\_

If such action has been taken, please send the documentation to this Board with certification of licensure.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
signature

\_\_\_\_\_  
title

\_\_\_\_\_  
address

\_\_\_\_\_

**THE ABOVE SIGNATURE MUST BE NOTARIZED OR THE STATE SEAL MUST BE AFFIXED.**



- file complete
- background complete
- Board approved
- for written exam
- conference certificate/transcript
- application fee rec'd
- high school diploma/GED rec'd
- mort school diploma/transcript rec'd
- apprenticeship verified
- \_\_\_\_\_ months

- fingerprints rec'd
- fingerprint fee rec'd
- sent to DPS
- background OK
- oral exam passed
- license fee rec'd
- license issued/typed/mailed
- database entry complete
- file label



