



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
 STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS  
**DISABLED FUNERAL DIRECTOR LICENSE AFFIDAVIT**

STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS  
 P.O. BOX 423, 3605 MISSOURI BOULEVARD  
 JEFFERSON CITY, MO 65102-0423  
 TELEPHONE: (573) 751-0813 TTY (800) 735-2966  
 WEBSITE: <http://pr.mo.gov/embalmers>  
 EMAIL: [embalm@pr.mo.gov](mailto:embalm@pr.mo.gov)

**Please complete and return this form to the address listed above.  
 A disabled certificate will be issued to you if regulatory requirements are met.**

## AFFIDAVIT

I, \_\_\_\_\_, hereby certify that I am disabled and wish to place  
 (PLEASE PRINT NAME)  
 my Missouri funeral director license # \_\_\_\_\_ on a disabled status.

I further certify that I will not practice the profession of funeral directing in the state of Missouri pursuant to chapters 333, 193 and 194 RSMo. If at anytime in the future I should desire to reactivate my funeral director license, I will contact the board office for the appropriate form and pay the appropriate fee.

CURRENT MAILING ADDRESS		E-MAIL ADDRESS (OPTIONAL)		
CITY	STATE	ZIP CODE		
<b>MUST BE SIGNED IN PRESENCE OF NOTARY ▶</b>		LICENSEE SIGNATURE		
STATE OF		COUNTY	NOTARY PUBLIC EMBOSSED SEAL OR BLACK INK RUBBER STAMP	
SUBSCRIBED AND SWORN BEFORE ME, THIS		<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>		
DAY OF	20			
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES			
NOTARY PUBLIC NAME (TYPED OR PRINTED)				