



STATE OF MISSOURI  
 PROFESSIONAL REGISTRATION  
**CERTIFICATE OF STATE ENDORSEMENT**

RETURN TO:  
 STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS  
 P.O. BOX 423  
 3605 MISSOURI BOULEVARD  
 JEFFERSON CITY, MO 65102  
 TELEPHONE (573) 751-0813  
 TDD (800) 735-2966

**APPLICANT TO COMPLETE AND THEN FORWARD TO STATE BOARD FOR VERIFICATION**

APPLICANT'S NAME (FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

APPLICANT'S ADDRESS (STREET ADDRESS) (CITY) (STATE) (ZIP)

APPLICANT'S PHONE NUMBER

LICENSES YOU ARE APPLYING FOR  
 EMBALMER  FUNERAL DIRECTOR

THIS SECTION TO BE COMPLETED BY THE STATE BOARD and mailed directly to:  
 Missouri State Board of Embalmers and Funeral Directors  
 3605 Missouri Blvd, PO Box 423  
 Jefferson City, MO 65102-0423  
 Phone: (573) 751-0813

NAME OF STATE BOARD

ADDRESS OF STATE BOARD

**TYPE OF LICENSE(S) CURRENTLY HELD BY ABOVE APPLICANT:**

LICENSE #	LICENSE ISSUED DATE	LICENSE EXPIRATION DATE
Funeral Director #:		
Embalmer #:		

**THE APPLICANT HAS VERIFICATION OF THE FOLLOWING IN OUR FILES:**

**ACADEMIC EDUCATION**

EDUCATION	NAME OF INSTITUTION AND LOCATION	DEGREE	YEAR
High School or GED			
College(s)			
Mortuary School			

**TYPE OF EXAMINATION(S):**

TYPE OF EXAM	DATE OF EXAM	AVERAGE SCORES		
National Board Exam		Arts:	Science:	Overall:
State Exam				
Other				

**LENGTH OF APPRENTICESHIP(S)**

LICENSE	DATE APPRENTICESHIP BEGAN	DATE APPRENTICESHIP COMPLETE
Funeral Director		
Embalmer		

**DISCIPLINE:**

Has your state board taken any action against the license of the above applicant by revoking, suspending or otherwise discipline the license(s)? (If yes, include the appropriate documentation stating the action of the Board.)  YES  NO

Are there any complaints pending against applicant?  YES  NO

Is this license(s) in good standing?  YES  NO

<b>STATE SEAL</b>	SIGNATURE
	TITLE
	DATE