



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**APPLICATION FOR FUNERAL
 DIRECTOR'S LICENSE**

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

I HEREBY MAKE APPLICATION TO THE STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS, OF THE STATE OF MISSOURI, FOR REGISTRATION UNDER THE LAWS OF THE STATE OF MISSOURI, AS A "FUNERAL DIRECTOR", AND SUBMIT THE FOLLOWING STATEMENTS:

FOR OFFICE USE ONLY		
PRE-LICENSE NUMBER	APPRENTICE NUMBER	DATE LICENSED
FEE RECEIVED	LICENSE NUMBER	DATE LICENSED
CHECK NO.	DATE DEPOSITED	INITIALS

I. INSTRUCTIONS TO APPLICANT

Applicant must complete all applicable sections below. The proper fee, as set by the Board, shall accompany each application. Check, money order, or bank draft shall be made payable to the **Missouri State Board of Embalmers and Funeral Directors**.

The State Board of Embalmers and Funeral Directors utilizes computerized examination services at Pearson Professional Centers located in Missouri, as well as cities throughout the United States. Please ensure you contact the Board office for instructions relating to the examination process and requirements.

Apprentice must serve 12 consecutive months, then have affidavits signed and notarized prior to beginning the computerized examination process.

PLEASE READ ALL CORRESPONDENCE THAT YOU RECEIVE FROM THE BOARD OFFICE, IT CONTAINS VERY IMPORTANT INFORMATION.

**PHOTO
 REQUIRED**

II. GENERAL INFORMATION (ALL APPLICANTS MUST COMPLETE THIS SECTION)

I hereby apply for a license to practice as a funeral director in the State of Missouri on the basis of one of the following (check one). All applicants must enclose fees payable to the board, as follows:

- Funeral Director Apprenticeship **Fee: \$164** (Funeral Director Application Fee - \$150.00 + Highway Patrol Background Check Fee - \$14.00)
- Funeral Director Education **Fee: \$164** (Funeral Director Application Fee - \$150.00 + Highway Patrol Background Check Fee - \$14.00)
- Limited Funeral Director **Fee: \$164** (Funeral Director Application Fee - \$150.00 + Highway Patrol Background Check Fee - \$14.00)
- Funeral Director Reciprocity **Fee: \$164** (Funeral Director Reciprocity Application Fee - \$150.00 + Highway Patrol Background Check Fee - \$14.00)

NAME (PRINT IN FULL, INCLUDING MIDDLE NAME)		EMAIL ADDRESS	
PREVIOUS NAMES (IF ANY)		SOCIAL SECURITY NUMBER (REQUIRED)	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	DATE OF BIRTH	COUNTY/STATE OF RESIDENCE	

III. EDUCATION (ALL APPLICANTS MUST COMPLETE THIS SECTION) NOTE: ENCLOSE A COPY OF YOUR HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT

HIGH SCHOOL NAME	LOCATION (CITY AND STATE)	GRADUATION DATE
COLLEGE(S) NAME		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
DEGREE/CERTIFICATION EARNED	GRADUATION/CERTIFICATION DATE	

I have taken the national board examination of the International Conference of Funeral Service Examining Boards and have requested that my scores for that examination be forwarded to the State Board.	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Board must receive the certified score(s) from the Conference before your application is complete.		

IV. BACKGROUND INFORMATION (ALL APPLICANTS MUST COMPLETE THIS SECTION)

IMPORTANT EXPLANATIONS REQUIRED IN RESPONSE TO THE FOLLOWING QUESTIONS MUST BE ON A SEPARATE SHEET AND SIGNED BY YOU BEFORE A NOTARY PUBLIC AND NOTARIZED.

	YES	NO		
1. Have you ever applied for licensure as a funeral director or taken the examination for licensure as a funeral director in any other state or territory before making this application? (If NO please skip down to the 5th question, Have you ever been finally adjudicated...)	<input type="checkbox"/>	<input type="checkbox"/>		
If yes ► <table border="1" style="display: inline-table; border-collapse: collapse; width: 60%;"> <tr> <td style="width: 50%; padding: 2px;">WHERE?</td> <td style="width: 50%; padding: 2px;">WHEN?</td> </tr> </table>	WHERE?	WHEN?		
WHERE?	WHEN?			
If yes were you ever licensed by that state or territory? If no, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>		
2. How was your license obtained in the state or territory? <input type="checkbox"/> Examination <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other (specify) _____				
3. Is your license in that state or territory current? (i.e. Not lapsed or inactive) If no, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>		
4. Has your license ever been disciplined by that state or territory? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>		
5. Have you ever been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States whether or not sentence was imposed (includes suspended imposition of sentence (SIS)). If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>		
6. Have you ever been arrested, charged with or found guilty, or entered a plea of guilty or nolo contendere of a violation of any federal, state or municipal, drug or alcohol laws or rules whether or not sentence was imposed (includes suspended imposition of sentence (SIS)). If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>		
7. Have you ever been addicted to or used in excess, alcohol or any prescription drugs or illegal chemical substances? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>		
8. Have you ever been arrested, charged with, found guilty, or entered a plea of guilty or nolo contendere by a court (including a municipal court), pled guilty or nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed including a suspended imposition of sentence (SIS)? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>		

V. RECIPROCITY APPLICANTS - CHECK APPROPRIATE BOX

NOTE: THE BOARD MUST RECEIVE THE LETTER FORM THE APPLICANT'S EXAMINING BOARD, STATE OR TERRITORY AS REQUIRED BY THIS SECTION BEFORE YOUR APPLICATION IS COMPLETE.

I hold a valid, unrevoked and unexpired license as a funeral director in the state of _____ . The state in which I hold a license as a funeral director has requirements for licensure substantially similar to those existing in Missouri. I will initiate a letter to be transmitted directly from the examining board of the state or territory in which I hold licensure as a funeral director. The letter shall include (1) a certified statement showing the grade rating upon which my license was granted, (2) whether or not my license is in good standing with that board, (3) whether or not my license in that state has been suspended, revoked or otherwise disciplined, and (4) whether or not there are complaints pending against me.

I hold a valid, unrevoked and unexpired license as a funeral director in the state of _____ . The state in which I hold a license as a funeral director has requirements for licensure less than Missouri s requirements for licensure. I have had five consecutive years of active experience as a funeral director in the state in which I am licensed. I will initiate a letter to be transmitted directly from the examining board of the state or territory in which I hold licensure as a funeral director. The letter shall include (1) a certified statement showing the grade rating upon which my license was granted, (2) whether or not my license is in good standing with that board, (3) whether or not my license in that state has been suspended, revoked or otherwise disciplined, and (4) whether or not there are complaints pending against me.

VI. RECIPROCITY APPLICANTS - EMPLOYMENT	
FUNERAL HOME NAME	LICENSE NUMBER

VII. AFFIDAVIT OF APPRENTICESHIP

FUNERAL DIRECTOR APPRENTICE APPLICANTS MUST HAVE THIS SECTION COMPLETED BY THE FUNERAL DIRECTOR IN CHARGE (FDIC) OF EACH ESTABLISHMENT WHERE THE APPRENTICE WILL BE SERVING (IF YOU WILL BE SERVING AT MORE THAN ONE (1) ESTABLISHMENT PLEASE COMPLETE THE LOCATION 2 SECTION).

LOCATION 1

FUNERAL ESTABLISHMENT(S) WHERE APPRENTICESHIP WILL BE SERVED (ATTACH ADDITIONAL SHEETS IF NECESSARY)	FUNERAL ESTABLISHMENT LICENSE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER

The apprentice funeral director identified herein will be serving his/her apprenticeship under the following Missouri licensed funeral director(s). Please print. (IF THE APPRENTICE WILL BE SERVING UNDER MORE THAN FOUR (4) FUNERAL DIRECTORS PLEASE INCLUDE THEM ON A SEPARATE SHEET OF PAPER WITH THEIR NAME(S) AND LICENSE NUMBER(S))

FUNERAL DIRECTOR NAME	MO. F.D. LIC. NO.	FUNERAL DIRECTOR NAME	MO. F.D. LIC. NO.
FUNERAL DIRECTOR NAME	MO. F.D. LIC. NO.	FUNERAL DIRECTOR NAME	MO. F.D. LIC. NO.

I hereby affirm that the above named apprentice applicant will serve as an apprentice funeral director at the above stated funeral establishment(s). I further affirm that the named apprentice will be required to devote at least (15) hours per week to his/her duties as an apprentice funeral director and that I am the funeral director in charge of said funeral establishment and I am familiar with the Missouri requirements governing apprentice funeral directors and I agree to comply with the same.

MUST BE SIGNED IN THE PRESENCE OF NOTARY	SIGNATURE OF FUNERAL DIRECTOR IN CHARGE	DATE
	PRINT NAME	

STATE OF	COUNTY (OR CITY OF ST. LOUIS)	NOTARY PUBLIC EMBOSSED SEAL OR BLANK INK RUBBER STAMP
SUBSCRIBED AND SWORN BEFORE ME, THIS DATE		
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

LOCATION 2

FUNERAL ESTABLISHMENT(S) WHERE APPRENTICESHIP WILL BE SERVED (ATTACH ADDITIONAL SHEETS IF NECESSARY)	FUNERAL ESTABLISHMENT LICENSE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER

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MUST BE SIGNED IN THE PRESENCE OF NOTARY	SIGNATURE OF FUNERAL DIRECTOR IN CHARGE ▶		DATE
	PRINT NAME		
STATE OF	COUNTY (OR CITY OF ST. LOUIS)	NOTARY PUBLIC EMBOSSED SEAL OR BLANK INK RUBBER STAMP	
SUBSCRIBED AND SWORN BEFORE ME, THIS DATE			
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

APPRENTICE APPLICANTS: If for any reason you change employment, an updated application must be completed and signed prior to serving as an apprentice funeral director at any funeral establishment other than the establishment(s) identified in this application. Please remember your apprenticeship must be 12 consecutive months. The updated form is available on the boards website under the forms link.

VIII. AFFIDAVIT OF APPLICANT - ALL APPLICANTS MUST COMPLETE THIS SECTION

I, the above named applicant, being first duly sworn upon my oath, state as follows:
 That I have personally completed the foregoing application truthfully and completely, without omission;
 That all the information and answers contained in the foregoing application and any attachments thereto are true and correct to my best knowledge and belief;
 That I have personally reviewed the information contained herein and hereby submit this application for consideration to the State Board of Embalmers and Funeral Directors for licensure as a funeral director pursuant to the laws and regulations of the State of Missouri and the State Board of Embalmers and Funeral Directors and;
 That I made this affidavit knowingly, and understand that any false statements or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo (as amended).

MUST BE SIGNED IN THE PRESENCE OF NOTARY	SIGNATURE OF APPLICANT ▶		DATE
	PRINT NAME		
STATE OF	COUNTY (OR CITY OF ST. LOUIS)	NOTARY PUBLIC EMBOSSED SEAL OR BLANK INK RUBBER STAMP	
SUBSCRIBED AND SWORN BEFORE ME, THIS DATE			
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

PURSUANT TO SECTION 324.010 RSMO:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.