



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS**  
**ATTESTATION FOR LICENSURE**

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  
 Fax (573) 751-1155

FOR OFFICE USE ONLY	
FEE RECEIVED	DATE DEPOSITED
CHECK NO.	INITIALS

**I. INSTRUCTIONS TO APPLICANT**

Applicant must complete all applicable sections below. The completed, notarized form must be returned to the board and shall be accompanied by a \$14 Highway Patrol background check fee. Check, money order or bank draft shall be made payable to the **State Board of Embalmers and Funeral Directors**.

Select the type of license you are applying for:

- Funeral Director**       **Preneed Agent**  
 **Embalmer**

I HEREBY ATTEST THAT I HAVE COMPLETED THE REQUIREMENTS FOR LICENSURE AND SUBMIT THE FOLLOWING STATEMENTS:

**II. GENERAL INFORMATION (if you have additional**

NAME (PRINT FULL NAME, INCLUDING MIDDLE NAME)	DATE OF BIRTH (MMDDYYYY)	SOC SECURITY NUMBER (REQUIRED)		EMAIL ADDRESS
PRESENT STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
NAME OF FUNERAL ESTABLISHMENT(S) TO REGISTER WITH BOARD OFFICE AS EMPLOYER (ATTACH ADDITIONAL SHEETS IF NEC)				LICENSE NO OF FUNERAL ESTABLISHMENT(S)

**III. BACKGROUND INFORMATION**

**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 in any other state or territory? (If NO please skip down to the 5th question, Have you ever been finally adjudicated.....) If yes: Where? _____ When? _____ 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? <input type="checkbox"/> Examination <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your license in that state or territory current? (i.e., not lapsed or inactive) <b>If no, explain fully.</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your license ever been disciplined by that state or territory? <b>If yes, explain fully.</b>	<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)). <b>If yes, explain fully and provide certified court documents (ie: Docket Sheet, Information or Indictment and Final Disposition).</b>	<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, ordinance or rules whether or not sentence was imposed (includes suspended imposition of sentence (SIS)). <b>If yes, explain fully and provide certified court documents (ie: Docket Sheet, Information or Indictment and Final Disposition).</b>	<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? <b>If yes, explain fully.</b>	<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 or ordinance violation resulting from or related to the use of drugs or alcohol, whether sentence was imposed, including a suspended imposition of sentence (SIS)? <b>If yes, explain fully and provide certified court documents (ie: Docket Sheet, Information or Indictment and Final Disposition).</b>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. AFFIDAVIT OF APPLICANT**

I, the above named applicant, being first duly sworn upon my oath, state as follows: That I have personally completed the foregoing attestation truthfully and completely, without omission; that all the information and answers contained in the foregoing attestation 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 attestation 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 attestation 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).

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