



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**ACTIVE DUTY MILITARY EMBALMER AND
 FUNERAL DIRECTOR AFFIDAVIT**

STATE BOARD OF EMBALMERS & FUNERAL DIRECTORS
 P.O. BOX 423
 JEFFERSON CITY, MO 65102-0423
 TELEPHONE: (573) 751-0813

AFFIDAVIT

I, _____, hereby certify that I am actively engaged in military
 (PLEASE PRINT NAME)
 service and wish to exempt my funeral director and embalmer licenses from renewal pursuant to 333.081,
 RSMo.

I further certify prior to beginning practice in this state after leaving military service, I will apply for and pay
 the renewal for the current licensing period. Finally, I certify that documentation of active duty service is
 attached to this affidavit.

NAME (PRINT FULL NAME, INCLUDING MIDDLE NAME)		DATE
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
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 BLACK INK RUBBER STAMP
SUBSCRIBED AND SWORN BEFORE ME, THIS DATE		
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		