



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**UPDATE APPLICATION FOR REGISTRATION AS
 AN EMBALMER PRACTICUM STUDENT**

STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
 3605 MISSOURI BOULEVARD
 P.O. BOX 423
 JEFFERSON CITY, MISSOURI 65102-0423
 TELEPHONE (573) 751-0813

FOR BOARD USE ONLY	
REGISTRATION NO.	DATE ISSUED

I HEREBY UPDATE MY APPLICATION FOR REGISTRATION AS AN EMBALMER PRACTICUM STUDENT AS PROVIDED BY THE LAWS OF MISSOURI AND THE RULES AND REGULATIONS OF THE BOARD, AND AGREE TO COMPLY WITH THE MISSOURI REQUIREMENTS OF A FUNERAL DIRECTOR APPRENTICE, WITH WHICH I AM FAMILIAR.

NAME (PRINT IN FULL, INCLUDING MIDDLE NAME)		
ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (REQUIRED)	COUNTY/STATE OF RESIDENCE

AFFIDAVIT OF APPLICATION - 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 an embalmer practicum student 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 BLACK INK RUBBER STAMP
SUBSCRIBED AND SWORN BEFORE ME, THIS DATE		
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

AFFIDAVIT OF EMPLOYMENT
 ADD EMBALMER SUPERVISOR **CHANGE LOCATION OF PRACTICUM** **ADD A LOCATION**

FUNERAL ESTABLISHMENT NAME	FUNERAL ESTABLISHMENT LICENSE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER (WORK)

The applicant will be serving his/her practicum under the following Missouri licensed embalmer(s) (Please print):

EMBALMER NAME	MO EMB LIC. NO.	EMBALMER NAME	MO EMB LIC. NO.
EMBALMER NAME	MO EMB LIC. NO.	EMBALMER NAME	MO EMB LIC. NO.

I hereby state that the above named individual will be a student of stated funeral establishment. I am the funeral director in charge (FDIC) of said funeral establishment and I am familiar with the Missouri requirements governing embalmer practicum students and I agree to comply with 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 BLACK 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.**