



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**UPDATE APPLICATION FOR REGISTRATION AS
 A FUNERAL DIRECTOR APPRENTICE**

STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
 3605 MISSOURI BOULEVARD
 P.O. BOX 423
 JEFFERSON CITY, MISSOURI 65102-0423
 TELEPHONE (573) 751-0813
 FAX (573) 751-1155

| FOR BOARD USE ONLY | |
|--------------------|-------------|
| REGISTRATION NO. | DATE ISSUED |

I HEREBY UPDATE MY APPLICATION FOR REGISTRATION AS A FUNERAL DIRECTOR APPRENTICE 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 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 FUNERAL DIRECTOR SUPERVISOR **CHANGE LOCATION OF APPRENTICESHIP** **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 apprenticeship under the following Missouri licensed funeral director(s) (Please print):

| | | | |
|-----------------------|------------------|-----------------------|------------------|
| 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 state that the above named individual became an apprentice of stated funeral establishment on the date listed. I further state that the named employee will devote at least fifteen (15) hours per week to his/her duties as an apprentice funeral director and that I am the funeral director in charge (FDIC) of said funeral establishment and I am familiar with the Missouri requirements governing funeral directing 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.

Social Security Number Disclosure Notice

You must provide your social security number pursuant to state and federal law.

If you fail or refuse to provide your social security number, we will consider your initial application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.

Pursuant to state and federal laws, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:

- (1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
- (2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds or has applied for a professional or occupational license (under certain circumstances, a person who owes overdue support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity or hearing in that court, suspending, withholding or restricting the person's license).

In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:

- (1) for internal identification purposes (e.g., some licensing authorities use your social security number as your license number);
- (2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (4) to verify licensure with another state's licensing authority for reciprocity licensure;
- (5) for identification purposes in national disciplinary databases (the discovery of a disciplined license against you in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (6) for test identification purposes.

Effective July 1, 2003, all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. The requirement is found in Section 324.010, RSMo 2000, as amended.