



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
**BOARD OF FUNERAL SERVICES**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## APPLICATION FOR FUNERAL ESTABLISHMENT PERMIT INSTRUCTIONS

### When to Apply

A valid Funeral Establishment Permit issued by the Board of Funeral Services is required to open or operate a funeral establishment in Delaware. This permit is *in addition to* any business license issued by the Division of Revenue.

Use this form and instructions to file an application for a(n):

- Initial permit for a new Funeral Establishment
- New permit for a previously licensed Funeral Establishment that is relocating
- New permit for a previously licensed Funeral Establishment that has changed ownership

### Requirements

- Submit a completed, signed and notarized [Application for Funeral Establishment Permit](#).
- Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- Enclose a copy of your Delaware Division of Revenue business license for the establishment.

### Reporting Changes

File a new [Application for Funeral Establishment Permit](#) when either of the following events occurs:

- The ownership of previously licensed funeral establishment changes (even if name remains the same).
- A Funeral Establishment that was previously licensed moves to a new location.

File a [Funeral Establishment Permit Change Request](#) form to report the following events when neither of the events that requires a new application has also occurred. No fee is required.

- The Funeral Establishment's name, *not its ownership*, changes.
- The managing Funeral Director of the Funeral Establishment changes.



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
**BOARD OF FUNERAL SERVICES**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

**APPLICATION FOR FUNERAL ESTABLISHMENT PERMIT**

**TYPE OF APPLICATION**

1. Check the reason you are filing this application:

- Initial Application for New Establishment
- Ownership Change – Permit Number where change occurring: **K2-**\_\_\_\_\_
- Relocation – Permit Number where change occurring: **K2-**\_\_\_\_\_

**CONTACT AND LOCATION INFORMATION**

2. Name of Funeral Establishment (as it should appear on permit): \_\_\_\_\_

*If you checked Ownership Change in Question 1, is this a new name? Yes  No  If yes, enter **former** name:*

\_\_\_\_\_

3. **Location Address:** \_\_\_\_\_

Street (No PO Boxes)

\_\_\_\_\_ **Delaware** \_\_\_\_\_  
City State Zip

*If you checked Relocation in Question 1, enter **former** location:* \_\_\_\_\_

Street (No PO Boxes)

\_\_\_\_\_ **Delaware** \_\_\_\_\_  
City State Zip

4. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5. **Mailing Address** (*if different from physical location*): \_\_\_\_\_

\_\_\_\_\_ City State Zip

**MANAGEMENT/OWNERSHIP INFORMATION**

6. Enter the following information about the **Manager** of this Funeral Establishment:

Name \_\_\_\_\_ Delaware Funeral Director License # : **K1-**\_\_\_\_\_

Is the manager's license displayed in any other Delaware Funeral Establishment? Yes  No

Primary Residence: \_\_\_\_\_

Street

\_\_\_\_\_ City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

7. Enter the following information about the **Owner** of this Funeral Establishment:

Name: \_\_\_\_\_ Is the owner a corporation? Yes  No

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

If you checked Ownership Change in Question 1, enter **former** owner's name: \_\_\_\_\_

8. Enter the following information about the **Landowner** where this Funeral Establishment is located:

Name: \_\_\_\_\_ Is the landowner a corporation? Yes  No

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

9. If the establishment owner (Question 7) or landowner (Question 8) is a corporation, complete the following:

	ESTABLISHMENT OWNER	LANDOWNER
<b>State of Incorporation</b>		
<b>Names and Titles of Corporate Officers</b>		

**INFORMATION ABOUT PREMISES**

10. Is the property on which the establishment is located properly zoned by the local zoning authority? Yes  No

11. Has the funeral establishment acquired all the appropriate business licenses issued by the State Division of Revenue? Yes  No

**Submit a copy of the Division of Revenue business license for the establishment.**

12. When will the establishment begin operation? \_\_\_\_\_ (month/day/year)

13. Does the building contain an area for the convenience of the bereaved for viewing and other services? Yes  No

14. Does the building contain an office or other place in which business matters associated with funeral services are conducted? Yes  No

15. Does the building contain a locked preparation room? Yes  No  If yes, continue with Question 16. If no, skip to the **AFFIDAVIT**.

16. Check whether or not the preparation room at the location in Question 3 has each of the following:

- Embalming machine and table Yes  No
- Aspirator Yes  No
- Embalming instruments Yes  No
- Embalming fluids Yes  No
- Operating drainage system Yes  No
- Operating ventilation system Yes  No
- Syringes, needles and surgical supplies Yes  No

To assure consideration of your application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 4-12 weeks to receive your permit.

### AFFIDAVIT

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed and signs this application, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

**Signature of Applicant:** \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ County or City of \_\_\_\_\_

The applicant named above, being first duly sworn, deposes and says that he/she is the person who executed this application, that the statements in it are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2 \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

SEAL

My commission expires \_\_\_\_\_

**APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.**