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

STATE OF DELAWARE
DEPARTMENT OF STATE

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

DIVISION OF PROFESSIONAL REGULATION

BOARD OF FUNERAL SERVICES
APPLICATION FOR LICENSE TO PRACTICE FUNERAL SERVICE

Application is being made to practice funeral service by:

Examination _____ Reciprocity _____ Resident Intern _____

Reinstate lapsed license_____ If reinstating, date license lapsed _____

IDENTIFYING INFORMATION

1. Applicant Name_____
   Last First M.I.

2. Business Address _____
   Street City State/Zip

3. Residence Address _____
   Street City State/Zip

4. Telephone _____ _____5. Email _____
   Home Office

6. Social Security Number_____ 7. Date of Birth: _____

EDUCATION

8. Name and address of high school from which graduated_____
   School Name

   _____
   Street City State/Zip

9. Year graduated from high school_____

10. Name and address of College/University attended _____
    Name of College/University

    _____
    Street City State/Zip

11. Year graduated from college_____ 12. Degree received_____

13. Other institutions from which credit is desired_____

    _____

14. Name and address of Mortuary School attended_____
Name of Mortuary School

_____
Street City State/Zip

15. Year graduated from mortuary school_____ Degree received_____

If you are applying as a Resident Intern, you must request an official transcript from the high school from which you graduated. You must also request official transcripts from each college or university you attended. Finally, you must request an official transcript from the mortuary school you attended. Arrange for all of these transcripts to be sent from the school directly to the Board of Funeral Services.

PRACTICE HISTORY

16. List all States in which you have ever held funeral service licenses_____
(If none, write "none.")

17. If you are licensed in any other State, have you practiced funeral service in at least three of the past five years? YES_____NO_____ If "yes," please complete the following to show your practice for the past five years. If you need more space, attach a separate sheet to this application.

BUSINESS NAME WHERE PRACTICED	ADDRESS	DATES OF EMPLOYMENT

18. Have you ever been disciplined by a licensing board? YES_____NO_____

19. Are any complaints pending against you at present? YES_____NO_____

You must arrange for each State Board to send a letter of good standing directly to the Board of Funeral Services. If you have been disciplined or if complaints are pending against you, describe the circumstances on a separate sheet attached to this application.

LEGAL

20. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes____ No____ **If yes, submit a certified copy of your criminal history record.**

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

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

AFFIDAVIT

State of _____)
)SS
County or City of _____)

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.

_____ Date_____
Signature of Applicant

Sworn and subscribed to before me this _____ of _____, 20_____.

_____
Notary Public

My commission expires: _____.

SPONSORSHIP (RESIDENT INTERN APPLICATIONS ONLY)

TO BE COMPLETED BY DELAWARE-LICENSED FUNERAL DIRECTOR SPONSORING INTERN.

Sponsor Name_____

Delaware License Number:_____ Expiration Date:_____

Business Address_____

_____ Telephone:_____

_____
Signature of Sponsor

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