## **CERTIFICATION of LICENSE**

I,	(name of certifier),	(title)
Of the		(name of Board),
Certify that		(name of applicant
was granted	or	r or
□ <u>embalmer and funeral director</u> license number _	on the day of	,
Which expires on the day of	, and that no disciplinary action	on has ever been
taken against the applicant and the license(s) has be	een renewed through the day c	of
I consider the applicant to be in good st	anding at this time.	
I HEREBY CERTIFY THAT THIS INFORMATION IS TRU THE FUNERAL SERVICE BOARD IN THE STATE OF		
Date:		
Signature of Executive Secretary/Official	Printed Name	
Board Address Ci	ty State	Zip
STATE / BOARD SEAL		