

CERTIFICATION of LICENSE

I, _____ (name of certifier), _____ (title)

Of the _____ (name of Board),

Certify that _____ (name of applicant)

was granted embalmer license number _____ or funeral director license number _____ or

embalmer and funeral director license number _____ on the _____ day of _____, _____

Which expires on the _____ day of _____, _____ and that no disciplinary action has ever been taken against the applicant and the license(s) has been renewed through the _____ day of _____, _____. I consider the applicant to be in good standing at this time.

If disciplinary action has been taken, attach a copy of the Order and Decree and/or other relevant documents.

I HEREBY CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT BASED UPON THE RECORDS OF THE FUNERAL SERVICE BOARD IN THE STATE OF _____.

Date: _____

Signature of Executive Secretary/Official **Printed Name**

Board Address **City** **State** **Zip**

**STATE / BOARD
SEAL**