

KENTUCKY BOARD OF EMBALMERS & FUNERAL DIRECTORS

9114 Leesgate Road Ste 4

Louisville, KY 40222

APPLICATION FOR KENTUCKY COURTESY CARD

LICENSE NUMBER: _____
(Issued By Your Resident State) Resident State Date

NAME OF APPLICANT: _____

EMPLOYMENT: (Name of Funeral Home): _____

STREET ADDRESS: _____

CITY STATE ZIP

PHONE NUMBER: _____ SOCIAL SECURITY #: _____

Have you ever been convicted of any criminal offense other than a minor traffic violation? Yes No

Have your licenses ever been suspended Yes No, or probated Yes No, or have you been otherwise found in violation of the Board Laws? Yes No

It is herewith agreed, that should I be issued a COURTESY CARD by the Commonwealth of Kentucky, I will at all times, observe all the Laws, Rules and Regulations of the Commonwealth of Kentucky and of the Board of Embalmers and Funeral Directors pertaining to and governing the care of dead human remains.

A Courtesy Card will permit me to receive and transport a dead human body to and from Kentucky for a funeral and to conduct funeral services and burials in Kentucky.

I understand that I cannot advertise in, establish a place of business or be employed within the state boundaries of Kentucky, or solicit business in the Commonwealth of Kentucky,

I understand that should I violate any of these laws or regulations, action may be taken against my Courtesy Card.

I certify that all statements contained in this application are true and correct.

Signature of Applicant

STATE OF _____ COUNTY OF _____, TO WIT:

Taken, subscribed and sworn to before me this _____ day of _____, 20 _____

My commission expires: _____

Notary Public

FEE: \$75.00 Make check or money order payable to:
Kentucky Board of Embalmers & Funeral Directors
(Card expires July 31)

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STATE BOARD CERTIFICATION FOR COURTESY CARD

The following applicant is applying for a Courtesy Card from the State of Kentucky:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

State of _____ County of _____ to wit:

_____ having jurisdiction over matters pertaining to the licensing of funeral directors and embalmers in the above named state, do herewith furnish the Commonwealth of Kentucky the following information and do attest to the factual accuracy of same in accordance with the records maintained.

I hereby certify that the above named applicant was issued a Funeral Director License No. _____ in this state on the _____ day of _____, 20 _____

I hereby certify that the above named applicant was issued an Embalmer License No. _____ in this state on the _____ day of _____, 20 _____

Current Status of said license(s): _____ Current _____ Inactive

The above named applicant _____ has _____ has never suffered suspension or revocation of said license and is of such character _____ as would do honor to the profession of funeral directing/embalming in the Commonwealth of Kentucky.

Signature of Agent

Title

Date

Board Seal

NOTE: This page must be completed by the State Licensing Board and mailed directly to the Kentucky Board of Embalmers and Funeral Directors.