

Application for Reciprocal Funeral Director  
and/or Embalmer License in Kentucky

Name \_\_\_\_\_

S.S.# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Are you now a resident of Kentucky? Yes No If "yes" for how long? \_\_\_\_\_

Have you secured employment in Kentucky? Yes No

\_\_\_\_\_  
Name of Establishment

\_\_\_\_\_  
Address of Establishment

Name of Mortuary School Attended \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Length of course \_\_\_\_\_ Date of Graduation \_\_\_\_\_

High School \_\_\_\_\_  
Name City State

Date of High School graduation or G.E.D. received \_\_\_\_\_

Length of Funeral Director apprenticeship \_\_\_\_\_

Length of Embalmer apprenticeship \_\_\_\_\_

Affidavit of Applicant:  
I hereby state under oath that my Funeral Director and/or Embalmer license has never been canceled, suspended or revoked, or placed on probation, and at the present time said license is in full force and effect. I further state there is no prosecution pending against me in any state or federal court for any felonious offense or misdemeanor involving moral turpitude as defined under Kentucky law; that I am the identical person to whom the license was originally issued; and that the statements contained herein are true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_ ,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires County State

# Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd. Ste 4  
Louisville, KY 40222

Phone: 502-426-4589  
Fax: 502-426-4117

(Send to your current State Board for certification)

## Certification

I, \_\_\_\_\_, \_\_\_\_\_  
Name Title

of the \_\_\_\_\_,  
Name of Board

certify that \_\_\_\_\_

was granted Funeral Director license no. \_\_\_\_\_ on the \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_ and Embalmer license

no. \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and that said

certificates/licenses have never been revoked or cancelled, suspended or placed on probation,

and that such certificates/licenses have been renewed for the year ending on the \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_. I further certify that the aforesaid

\_\_\_\_\_ in his/her written examination before this Board,

obtained a general average of \_\_\_\_\_ on the Funeral Directors and \_\_\_\_\_ on the Embalmers.

(Verification of National Conference Exam must be provided.)

Acting on behalf of the \_\_\_\_\_  
Name of Board

I certify that the above information is true and correct based on the records of this Board.

\_\_\_\_\_  
Name

State Board Seal

\_\_\_\_\_  
Title

Submit completed form directly to the Kentucky Board office.

Kentucky Board of Embalmers & Funeral Directors  
9114 Leesgate Rd. Ste 4  
Louisville, Ky 40222

Application for licensing to practice  
Funeral Directing/Embalming by reciprocity

I, \_\_\_\_\_, hereby make application for licenses to practice (please circle) Funeral Directing and/or Embalming in the state of Kentucky on the basis of holding a valid, unrevoked and current license as (please circle) Funeral Director and/or Embalmer in the state of \_\_\_\_\_, license # \_\_\_\_\_.

In submitting the following information, it is agreed by me if any part of it is false or fraudulent; I forfeit any rights to be considered for Kentucky licenses.

Enclosed is a money order or cashier's check for one hundred twenty five dollars (\$125) for Kentucky licenses.

1. Full Name: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_  
P.O. Box or Street

\_\_\_\_\_ City State Zip Telephone Number

3. Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Have you ever been charged with violation of any federal, state or local statute? \_\_\_\_\_ If so, give details including dates, place, and disposition of matter, on a separate sheet.  
Are you under indictment? \_\_\_\_\_

Education:

1. If you successfully completed the National Conference Examination, please specify your \_\_\_\_\_ Percent. Please have this certified to the Kentucky Board of Embalmers & Funeral Directors.

2. State highest level of education attained: \_\_\_\_\_  
Date & location of graduation: \_\_\_\_\_  
College of Mortuary Science: \_\_\_\_\_  
Date of graduation: \_\_\_\_\_

