

KENTUCKY BOARD OF EMBALMERS & FUNERAL DIRECTORS

9114 Leesgate Road Ste 4

Louisville, KY 40222

APPLICATION FOR KENTUCKY COURTESY CARD

LICENSE NUMBER: \_\_\_\_\_ (Issued By Your State) \_\_\_\_\_ Resident State \_\_\_\_\_ Date \_\_\_\_\_

NAME OF APPLICANT/ Courtesy Card #: \_\_\_\_\_

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 and \$25.00 processing fee make checks or money orders 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.**