

Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222

Office: 502-426-4589 Fax: 502-426-4117 Email: KBEFD@ky.gov

Application for Courtesy Card - Fee \$100

Name: _____ **Your State License #:** _____ **State:** _____

Phone #: _____ **Social Security #:** _____

Emails:

Personal

Business

Employer:

Employer Address:

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

Have your licenses ever been suspended or probated by your licensing agency? Yes No

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 he 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, 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

Date

Subscribed and sworn to before me by

STATE OF _____

COUNTY OF _____

, TO WIT:

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

My commission expires:

Signature of Notary Public