

Kentucky Board of Embalmers & Funeral Directors
9114 Leesgate Rd. Ste.4
Louisville, KY 40222
Office: 502-426-4589; Fax: 502-426-4117

APPLICATION FOR EMBALMER'S LICENSE

Last Name Phone Number
First Name Date of Birth
Initial SSN
Mailing Address City
State Zip Code E-mail address _____

I have been employed as an apprentice embalmer according to 201 KAR 15:050

- One year Two years Three years

This is a retest Y N I am applying as a reciprocal according to 201 KAR 15:120 _____ Yes _____ No

Establishment Name Establishment License #
Mailing Address City
State Zip Code Phone Number

Please answer the following questions:

1. Are you currently under indictment? Yes No
2. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? Yes No

I understand that any license granted to me may be revoked by the Board for non-compliance of the Laws of the Commonwealth of Kentucky, the Rules and Regulations of the Board or any false statement in my application.

Signature Date: _____

State of _____ County of _____ personally appeared before me, the person whose name appears above, and made oath that all information given is true to the best of their knowledge, executed before me, this _____ day of _____ 20 _____

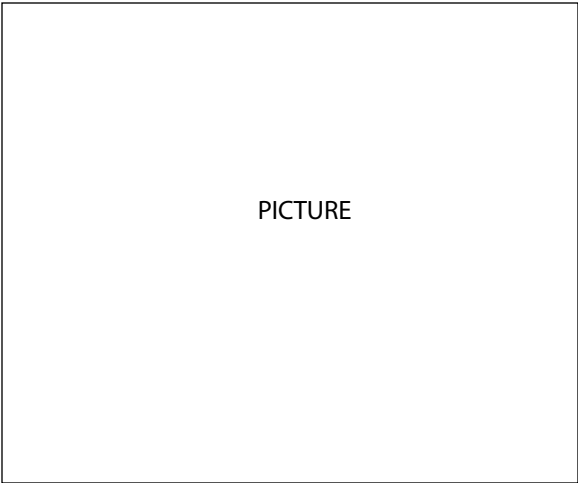
NOTARY SEAL

Signature of Notary Public

My Commission Expires _____

The following must accompany the application:

- 1. A recent photograph of yourself
- 2. The application fee (\$75.00)
Exam fee for Reciprocals (\$125.00)



IN ADDITION TO THE ABOVE REQUIRED INFORMATION:

- *Please include a copy of your High School diploma or a certified copy of your High School transcript.
- *If you have taken the National Board Exams make sure the National Conference Board is sending a copy of your scores to the Board office.
- *If one is not already on file in the Board office please have an Official transcript sent from the college or university you attended.

We, _____ and _____ hereby certify that we are personally acquainted
 Kentucky Licensed Embalmer Kentucky Licensed Funeral Director

with _____ the applicant named herein, and know him or her to be of good moral
 character, and of good repute in the community in which he/she lives; and that we have read the foregoing statements of said applicant,
 and know that they are true.

_____ _____
 Kentucky Licensed Embalmer Kentucky Licensed Funeral Director

The Kentucky Board of Embalmers and Funeral Directors will provide reasonable modification in the administration of all licensure exams for qualified individuals with disabilities. The qualified individual with a disability shall submit, to the Board, documentation from an appropriate professional verifying limitations imposed by his/her disability. The individual with the disability shall request the effective modification.

This section is to be completed by the Board office.

License Number Issued _____	Serial Number Issued _____
Percentage on test _____	
Date of Examination _____	
License Issued Date _____	
License Declined Date _____	
Remarks:	