

Kentucky Board of  
Embalmers and Funeral Directors  
9114 Leesgate Rd Ste 4, Louisville, KY 40222  
502-425-4589

FOR OFFICE USE ONLY

Fee: \_\_\_\_\_  
B c e m p #: \_\_\_\_\_  
Note: \_\_\_\_\_  
Type: \_\_\_\_\_  
Lic #: \_\_\_\_\_

**ESTABLISHMENT INFORMATION UPDATE**

This form must be typed

<b>Current Establishment Name*</b>		<b>License #*</b>	
<b>Establishment Name Change To: (Enter only what will used on signage and advertisements)</b>			
<b>Descriptive Terms Change To: (only mark if making changes)</b>			
<b>Current Establishment Type From*:</b>			
Full-Service	<input type="checkbox"/>	Visitation & Ceremonial	<input type="checkbox"/>
		Embalming Only	<input type="checkbox"/>
<b>Establishment Type To (only mark if changing type):</b>			
Full-Service	<input type="checkbox"/>	Visitation & Ceremonial	<input type="checkbox"/>
		Embalming Only	<input type="checkbox"/>
<b>Current Physical Address*</b>			
Address:		Phone:	Fax:
City:	State:	County:	Zip:
<b>Current Mailing Address*</b>			
Address:		Phone:	Fax:
City:	State:	County:	Zip:
<b>Mailing Address Change To:</b>			
Address:			
City:	State:	ZIP Code:	
<b>Manager (Registered manager is required)</b>			
Funeral Director Manager/License #	Current:	To:	
Address of FD Manager			
Embalmer Manager/License #	Current:	To:	
Address of Embalmer			
<b>Stockholder/Owner Update</b>			

I (we) do hereby make an oath that the foregoing statements are true and accurate to the best of my (our) knowledge, and further understood that if there is any substantial change in the information given herein, the board office is to be notified, in writing within ten (10) days of such change. I (we) further certify that I (we) have never been convicted of any felony other than a minor traffic violation.

\_\_\_\_\_  
Funeral Director/Manager Name/Signature Lic #

\_\_\_\_\_  
Embalmer/Manager Name/Signature Lic. #

Subscribed and signed before me by \_\_\_\_\_ and \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires: \_\_\_\_\_

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

## INSTRUCTIONS

To ensure the proper execution of your application please ensure you send the Board office prior to the agenda deadline for the Board meeting before which you intend to appear: See the Calendar page on the KBEFD website for more information.

1. This form must be typed.
2. Processing fee payment \$25.00.
3. Ensure to read KRS 316.125 and 201 KAR 15:110 regarding licensing an establishment
4. Name establishment according to 201 KAR 15:110 Section 10 which states, in part:
  - a. An establishment shall use the exact name listed on the license for the establishment in all advertisement and sign
  - b. Descriptive terms shall be distinctly separated from the name of the establishment in all signage and advertisements unless registered as part of the official name. If changing the name of an establishment include picture of signage.
  - c. Any advertising, designation or signage for the funeral establishment shall match the classification on the establishment's license
5. A list of all affiliated establishments **or** statement there are no affiliated establishments
6. A list of all licensed employees with license numbers **or** statement there are no other licensed employees other than managers
7. Address of manager per KRS 316.125
8. A list of all apprentices and their supervisor **or** statement there are no apprentices
9. A list of all surface transporters **or** statement there are no surface transporters
10. If purchasing an establishment or obtaining majority shares of stock a New Establishment form is required.
11. If providing stock to meet the requirements of KRS.316.030(3) attach proof
12. Submit completed form and processing fee to KBEFD.