

Kentucky Board of Embalmers & Funeral Directors

Information & Name Change Application

Office Use Only			
Approved by Quorum of the Board	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials of Board Members:
Established License #:		New License Number#	
Current Establishment Name*		License #*	
Establishment Name Change To: (Enter only what will used on signage and advertisements)			
Descriptive Terms Change To: (only mark if making changes)			
Current Establishment Type From*:			
<input type="checkbox"/> Full Service	<input type="checkbox"/> Visitation & Ceremonial	<input type="checkbox"/> Embalming Only	
Establishment Type To (only mark if changing type):			
<input type="checkbox"/> Full Service	<input type="checkbox"/> Visitation & Ceremonial	<input type="checkbox"/> Embalming Only	
Current Physical Address*			
Address:		Phone:	Fax:
City:	State:	County:	Zip:
Current Mailing Address*			
Address:		Phone:	Fax:
City:	State:	County:	Zip:
Mailing Address Change To:			
Address:			
City:	State:	ZIP Code:	
Manager (Registered manager is required)			
Funeral Director Manager/License #	Current:	To:	
Embalmer Manager:/License #	Current:	To:	
Attach a copy of all licensed individuals affiliated with this establishment. Attached a copy of all affiliated establishments.			

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.

Sworn to this the _____ day of _____, _____.

 Funeral Director/Manager Name/Signature Lic # Embalmer/Manager Name/Signature Lic #

Personally appeared before me, a notary public in and for the county and state aforesaid, the person or persons whose name or names appear above, and made oath that they a have executed the foregoing application for the purpose stated therein and that all information given is true to the best of their knowledge, information and belief.

Executed before this the _____ day of _____, _____.
 My commission expires: _____

 Notary Public

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. Check for \$25.00 made out to the Kentucky Board of Embalmers & Funeral Directors
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
6. A list of license employees
7. If purchasing an establishment or obtaining majority shares of stock a New Establishment form is required.
8. If providing stock to meet the requirements of KRS.316.030(3) accompanying documents
9. Send to address below:

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