

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

APPLICATION FOR FUNERAL DIRECTOR'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 funeral director 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 _____

