

Kentucky Board
of Embalmers and Funeral Directors
9114 Leesgate Rd Ste 4, Louisville, KY 4022
502-426-4589

FOR OFFICE USE ONLY

Fee: _____
B c e m p: _____
Meeting: _____
Start/End: _____
Note: _____

Individual Information Update

Instructions

This form must be typed. Include legal documentation for name change. Processing fee \$25 applies per 201 KAR 15:030.

PERSONAL INFORMATION

NAME: _____		LAST 4 SSN: _____	
TYPE: FUNERAL DIRECTOR: <input type="checkbox"/>	LICENSE #: _____		
EMBALMER <input type="checkbox"/>	LICENSE #: _____		
APPRENTICE <input type="checkbox"/>	LEVEL II #: _____		
TRANSPORTER <input type="checkbox"/>	PERMIT #: _____		
OTHER <input type="checkbox"/>	CARD #: _____		
BIRTHDATE: _____			
EMAIL: _____		PHONE: _____	

UPDATE ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME AS WRITTEN ON _____	
LICENSE _____	
ADDRESS: _____	
LICENSE #: _____	PHONE: _____
START DATE: _____	END DATE: _____

CHANGE REQUEST

NAME FROM: _____	NAME TO: _____
PHONE FROM: _____	PHONE TO: _____
ADDRESS FROM: _____	ADDRESS TO: _____
EMAIL FROM: _____	EMAIL TO: _____

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OTHER REQUESTS	
PICTURE WALLET CARD \$25 <input type="checkbox"/>	FUNERAL DIRECTOR WALL DIPLOMA \$25 <input type="checkbox"/>
EMBALMER WALL DIPLOMA \$25 <input type="checkbox"/>	PAPER CARD \$0 <input type="checkbox"/>
NAME AS YOU WANT IT ON THE CARD/DIPLOMA: _____	
MAILED <input type="checkbox"/> ADDRESS: _____	
PICK UP FROM OFFICE <input type="checkbox"/>	
VERIFICATION \$25 <input type="checkbox"/> STATE _____ TO BE SENT VIA EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER <input type="checkbox"/>	
CONTACT PERSON: _____	
MAIL TO: _____	
EMAIL TO: _____	
TRANSCRIPTS/SCORES RECEIPT \$25 <input type="checkbox"/>	
NAME NO DOCUMENT TO BE RECEIVED: _____	
DATE ORDERED: _____ SENT VIA EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER <input type="checkbox"/>	

I do hereby make an oath that the foregoing statements are true and accurate to the best of my knowledge.

Printed Name

Signature

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____.

Notary Public

My commission expires: _____