

Staff Use Only	
Renewal Year(s)	

KY Board of Embalmers & Funeral Directors
9114 Leesgate Rd., Louisville, KY 40222
Phone 502-426-4589

FOR OFFICE USE ONLY	
Fee:	_____
B c e m p #:	_____
Note:	_____
Type:	_____
Lic/Per #:	_____

Individual Renewal Application

Return this renewal, **typed** and properly executed before July 31 to the above address. The renewal fee, payable to: KY Board of Embalmers & Funeral Directors must accompany this completed form. Licenses expire July 31; renewals may take up to 7 business days to process. Any incomplete or late forms may be subject to additional fees. **Please provide information currently registered with the Board.**

<input type="checkbox"/> Funeral Director \$100	<input type="checkbox"/> Embalmer \$100	<input type="checkbox"/> Dual \$200	<input type="text"/>	<input type="text"/>
			License #	Last 4 SSN #

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Name	Phone Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City	State	Zip

Are you affiliated with an establishment? ☐ Yes ☐ No

(include all establishments, with additional information on a separate document)

Establishment	Physical Address	City

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Please check all that apply to your position within the establishment:

☐ Owner ☐ Employee ☐ Manager ☐ Stockholder

Do you have any changes to report: ☐ Yes / ☐ No

Type of change	Correct information
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Have you been the subject of any inquiry, investigation, complaint, or criminal charge since your previous renewal? Per KRS 316.150, the Board may require additional information. Please provide any judgements and attach a narrative describing details.

☐ Yes / ☐ No

Are you in arrears or default on a payment obligation under any financial assistance program with the Kentucky Higher Education Assistance Authority? If you are in arrears, your license may not be renewed.

☐ Yes / ☐ No

Your Signature

Subscribed and sworn before me by _____ this the _____ day of _____, 20__.

My commission expires _____ County _____ Notary signature _____