

Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222
Office: 502-426-4589 Fax: 502-426-4117 Email: KBEFD@ky.gov

Application for Licensure

Name:

Phone #:

Social Security #:

Mailing Address:

Emails:

Personal

Business

Employer:

Employer Address:

I am applying to take licensure exam(s) for:

	Funeral Director	Embalmer	Reciprocal	Retest
Application fees are:	\$100	\$100	\$150+photo	Per Test

National Boards:	Have been taken	Transcripts Requested	Transcripts Attached
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If one is not already on file in the Board office please have an Official SEALED transcript sent from the college or university you attended.

Are you currently under indictment? Yes No

Have you ever been convicted of a criminal offense (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 of Applicant

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

My commission expires:

Signature of Notary Public

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We, _____ and _____
Kentucky Licensed Embalmer Kentucky Licensed Funeral Director

Hereby certify that we are personally acquainted with

the applicant named herein, and know them to be of good moral character, of good repute in the community in which they live and that we have read the forgoing statements of the applicant and know that they are true.

Kentucky Licensed Embalmer Signature

Kentucky Licensed Funeral Director Signature

The Kentucky Board of Embalmers and Funeral Directors will provide reasonable modifications in the administration of all licensure exams for qualified individuals with disabilities. The qualified individual with a disability shall submit, to the Board, documentation from an appropriate professional verifying limitations imposed by their disability. The individual with the disability shall request effective modification.

For office use				
Received:	Processed:	Payment: \$	Pay #:	Facilitator:
Exam Date:	Exam Score:	License Issue Date:	License Decline Date:	License #:
Notes:				