

Kentucky Board of Embalmers and Funeral Directors

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

FOR OFFICE USE ONLY

Lic #: _____
New FD: _____
New EMB: _____
90 day: _____
Staff: _____

Notice of Owner/Manager Death

Instructions

Complete every item below within 30 days of the death of a Kentucky licensed owner, funeral director, or embalmer. This form must be typed.

Per 201 KAR 15:110 Section 7 (4) (a) Following the death of a Kentucky-licensed owner, funeral director, or embalmer, the establishment may operate for ninety (90) days while under temporary supervision by a licensed funeral director or embalmer. A licensee who is already identified as the establishment manager for another establishment under KRS 316.125(4) may act as the temporary establishment manager for the establishment under this section for the limited 90-day period.

GENERAL INFORMATION

NAME OF DECEDENT _____		LICENSE # _____	
OWNER	YES <input type="checkbox"/> NO <input type="checkbox"/>	STOCKHOLDER	YES <input type="checkbox"/> NO <input type="checkbox"/>
EMBALMER MANAGER	YES <input type="checkbox"/> NO <input type="checkbox"/>	FUNERAL DIRECTOR MANAGER	YES <input type="checkbox"/> NO <input type="checkbox"/>

ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME AS WRITTEN ON LICENSE _____		Street Address Including City, State, and ZIP Code
LICENSE # _____		
ESTABLISHMENT TYPE	FULL SERVICE <input type="checkbox"/> EMBALMING SERVICE <input type="checkbox"/>	VISITATION/CEREMONIAL <input type="checkbox"/>
ESTABLISHMENT EMAIL _____		PHONE _____
ACTING EMBALMER MANAGER/LIC # _____		ACTING FUNERAL DIRECTOR MANAGER/LIC # _____
WERE OTHER ESTABLISHMENTS OWNED BY DECEDENT YES <input type="checkbox"/> NO <input type="checkbox"/>		
LIST ESTABLISHMENTS, MANAGERS, AND LIC. #; ADD ADDITIONAL PAGE, IF NEEDED		
INITIAL PLAN FOR ESTABLISHMENT: REMAIN OPEN <input type="checkbox"/> SELL <input type="checkbox"/> COMPLETE CLOSURE <input type="checkbox"/>		
OTHER <input type="checkbox"/> EXPLAIN: 		

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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., notice will be provided within 5 business days of change.

Signature of Person Completing Form

Date

Printed Name and Title of Person Completing Form

Date

Acting Funeral Director Manager Name/License #

Date

Acting Embalmer Manager Name/License #

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: _____