

# Kentucky Board of Embalmers & Funeral Directors

9114 Leesgate Rd. Ste 4

Louisville, KY 40222

Application for Licensing by Reciprocity

\_\_\_\_\_ Embalming (\$125.00)    \_\_\_\_\_ Funeral Directing (\$125.00)    \_\_\_\_\_ Dual (\$250.00)

I, \_\_\_\_\_, hereby make application for licenses to practice funeral directing and/or embalming in the state of Kentucky on the basis of holding a valid, unrevoked and current license as funeral director and/or embalmer in the state of \_\_\_\_\_, license # \_\_\_\_\_.

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you currently working at a funeral establishment in the state of Kentucky? \_\_\_\_ No \_\_\_\_ Yes

If yes, how long have you been working there? \_\_\_\_\_

Kentucky Establishment: \_\_\_\_\_

Name

Address

City

Kentucky License Holder Who Supervises: \_\_\_\_\_

Name

License Number

## **Education**

High School: \_\_\_\_\_

Name

City, State

Year of Graduation

Mortuary College: \_\_\_\_\_

Name

City, State

Year of Graduation

College: \_\_\_\_\_

Name

City, State

Year of Graduation

National Conference Exam: Did you take the exams? \_\_\_\_ . If yes, please have certified copy of scores mailed to the Board office.

## **References**

List three references of licensed funeral directors and/or embalmers. Give names and addresses.

1. \_\_\_\_\_  
Name                      Address                      City, State                      License Number

2. \_\_\_\_\_  
Name                      Address                      City, State                      License Number

3. \_\_\_\_\_  
Name                      Address                      City, State                      License Number

**Job History**

Please list below information regarding the places you have worked for the last five years.

- 1. \_\_\_\_\_  
Name                      City, State                      Time Employed                      Reason for leaving
  
- 2. \_\_\_\_\_  
Name                      City, State                      Time Employed                      Reason for leaving
  
- 3. \_\_\_\_\_  
Name                      City, State                      Time Employed                      Reason for leaving

Have you ever been charged with violation of any federal, state, or local statute? \_\_\_\_\_ NO \_\_\_\_\_ Yes  
Are you under indictment? \_\_\_\_\_ NO \_\_\_\_\_ Yes  
If yes, give details including dates, place, and disposition of matter.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affidavit of Applicant**

In submitting the above information, its agreed by me if any part of it is false or fraudulent; I forfeit any rights to be considered for Kentucky licenses.

I hereby state under oath that my funeral director and/or embalmer license has never been canceled, suspended, revoked, or placed on probation, and at the present time said license is in full force and effect. I further state there is no prosecution pending against me in any state of federal court for any felonious offense or misdemeanor involving moral turpitude as defined under Kentucky law; that I am the identical person to whom the license was originally issued; and that the statements contained herein are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_ . \_\_\_\_\_ .

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
County                      State

Please Submit with Application:

- 1. Copy of high school transcripts/diploma
- 2. Official copy of College transcripts
- 3. Official copy of Mortuary school transcripts
- 4. Official copy of National Board scores
- 5. Official State Verification
- 6. Photograph
- 7. Check or money order for fee
- 8. Exam Applications

Kentucky Board of Embalmers & Funeral Directors

9114 Leesgate Rd. Ste 4

Louisville, KY 40222

Phone: 502-426-4589 Fax: 502-426-4117

State Verification

(Send to your current State Board for certification)

(Submit completed form directly to the Kentucky Board office)

I, \_\_\_\_\_ of the

Name

Title

\_\_\_\_\_, certify that

Name of Board

\_\_\_\_\_ was granted Funeral Director license number

\_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and

Embalmer license number \_\_\_\_\_ on the \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_. I certify that the said certificates/licenses have

never been revoked, cancelled, suspended or placed on probation, and that said

certificates/licenses have been renewed for the year ending on the \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_. I further certify that the aforesaid

\_\_\_\_\_ in his/her written examination before this Board,

obtained a general average of \_\_\_\_\_ on the Funeral Directors and \_\_\_\_\_ on

the Embalmers.

Acting on behalf of the \_\_\_\_\_, I certify that the above

Name of Board

information is true and correct based on the records of this Board.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

State Board Seal