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**STATE OF WEST VIRGINIA**  
**Board of Funeral Service Examiners**  
179 Summers Street, Suite 319  
Charleston, WV 25301

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www.wvfuneralboard.com

### FUNERAL DIRECTOR ONLY

ALONG WITH YOUR APPLICATION AND PAYMENT, SUBMIT A COPY OF YOUR DEGREE, DOCUMENTATION OF YOUR TWO (2) YEAR APPRENTICESHIP AND OFFICIAL NOTIFICATION OF PASSAGE OF THE WEST VIRGINIA LAWS, RULES AND REGULATIONS (WV LRR) EXAMINATION.

FAILURE TO SUBMIT THE REQUIRED DOCUMENTATION WILL RESULT IN A DELAY OF PROCESSING OF YOUR APPLICATION.



Funeral Director Only New Application

WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS

Application Deadline: prior to beginning practice

179 Summers Street, Suite 319
Charleston, WV 25301
304.558.0302

TWO YEAR LICENSE

If you make a false statement concerning any question on this application, you may be subject to disciplinary action including but not limited to revocation or suspension of your license.

DEMOGRAPHIC INFORMATION: Please complete each section.

Form with fields for Funeral Director (First, MI, Last), Social Security No., Birthdate, Mailing Address, City, State, Zip, Continuing Education Requirement, County of Residence, Day Phone, Cell Phone, Employer, Other States licensed to practice, Email.

EMPLOYMENT STATUS: check ALL that apply.

- Employee at a funeral establishment, Unemployed, Retired, Not employed at a funeral establishment, Owner of a funeral establishment, Other:

PRACTICE STATUS: check ALL that apply.

- Active and currently practicing, Active but not currently practicing, Inactive, Emeritus

CHILD SUPPORT OBLIGATION:

Pursuant to W.Va. Code §48A-5A-5(c), each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

Table with 4 questions regarding child support obligations and YES/NO response columns.

CRIMINAL BACKGROUND:

Table with 2 questions regarding criminal convictions and YES/NO response columns.

SIGNATURE:

I do hereby certify, under penalties of perjury and false swearing, that the above information is true and correct to the best of my knowledge.

Signature:

Date:

Do NOT separate application from stub. Return entire form and payment to the address below.

State of West Virginia
Board of Funeral Service Examiners

APPLICATION FEES: Attach the following fee to this application and mail to address listed below.

Table with 3 columns: Type, Due Date, Amount Due. Row: New Funeral Director License, Prior to practicing, \$200.00

Make check or money order payable to: "WVBFSE". Cash and credit card payments can not be accepted.

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

Mail ENTIRE FORM to:
Board of Funeral Service Examiners
179 Summers Street – Room 319
Charleston, WV 25301