



# Funeral Service Renewal Application

WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS

## Application Deadline: June 30th

Applications received after July 1, you will be assessed a \$190.00 late fee  
**TWO YEAR LICENSE**

179 Summers Street, Suite 319  
Charleston, WV 25301  
304.558.0302

**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:

Funeral Director/Embalmer Name		License No.	
		<b>FD#</b>	<b>EMB#</b>
Mailing Address			
County of Residence	Day Phone	Email	Employer
Practice Status (A = Active I = Inactive E = Emeritus)		Other States licensed:	

### 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 (Explain):

### PRACTICE STATUS: check ALL that apply.

- Active and currently practicing**  
 **Active but not currently practicing** *\*\*Check this box only if you are not on Inactive Status: see "Inactive" below.*  
It is recommended that you keep your license Active if you may consider practicing again in the future.  
 **Inactive** *\*\*Do not check this box if you are age 65 or older: see "Emeritus" below. You must pay the renewal fee.*  
Inactive status exempts you from the continuing education requirements while your license is Inactive, BUT it also prohibits you from being employed as a funeral director/embalmer. In order to reactivate your license, you will be required to notify the Board in advance and obtain any continuing education credits missed while Inactive.  
 **Emeritus** *\*\*Check this box if you are 65 years of age or older. You must pay the renewal fee. You are exempt from the continuing education requirements.*

### 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. If you refuse to answer the questions, your license will not be issued, resulting in your inability to practice.

1. Do you have a child support obligation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. If the answer to question 1, above, is YES, are you in arrearage (or behind in payment)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. If the answer to question 2, above, is YES, does your arrearage equal or exceed the amount of child support payable for 6 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are you the subject of a child support related subpoena or warrant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### CRIMINAL BACKGROUND:

1. Have you ever been convicted of a felony or a federal crime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you been convicted of a felony or a federal crime since you last renewed your license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are you currently charged with a felony crime, federal crime, or the equivalent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### 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.

License Number FD#	Due Date	Amount Due	After July 1	
EMB#				After one (1) year, this application becomes invalid and applicant must apply for reinstatement. Contact WVBFSE for more information on reinstatement.
NAME:	June 30th	\$250.00	\$440.00	<b>REINSTATEMENT FEE - \$350.00, RENEWAL FEE, \$250.00, LATE FEE - \$ 190.00 TOTAL - \$ 790.00</b>

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

NAME:  
ADDRESS:  
CITY, STATE, ZIP

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