

Application Deadline: prior to beginning practice

179 Summers Street, Suite 319 Charleston, WV 25301 304.558.0302

you may be sul	if you make a false stat bject to disciplinary action includ	iement concerning any ing but not limited to re				
DEMOGRAPHIC INFORMA			•			
Funeral Director/Embalmer Name (First, MI, Last)		Social Security No.		Birthdate		
Mailing Address, City, State, Zip		Continuing Education Red	quirement:			
		All Funeral Service Licensees and Funeral Directors are required to obtain CE as follows: 4 hours General Ed, of which 1 hour must be in ethics and 2 hours OSHA/Health Ed. every 2				
County of Residence	Day Phone Cell Phone	years for a total of 6 hour	s.			
Employer	Other States licensed to practice	Email				
EMPLOYMENT STATUS:	check ALL that apply.					
☐ Employee at a funeral establis	shment   Unemployed	□ Retired	□ Not employed at	t a funeral establishm	ent	
□ Owner of a funeral establishm	nent 🗆 Other:			-		
PRACTICE STATUS: check	ALL that apply.					
□ Active and currently practicing						
☐ Active but not currently practicing It is recommended that you keep you	**Check this box only if you are not on ir license Active if you may consider pra		ive" below.			
	ou are age 65 or older: see "Emeritus" of continuing education requirements while vate your license, you will be required to	e your license is Inactive, B	UT it also prohibits you fi			
□ Emeritus **Check this box if you are		•	· ·	=		
CHILD SUPPORT OBLIGAT						
Pursuant to W.Va. Code §48A-5A-5(c), and correct. If you refuse to answer the				false swearing, that these	answers are true	
1. Do you have a child support obligation?				□ YES	□ NO	
2. If the answer to question 1, above, is YES, are you in arrearage (or behind in payment)?				□ YES	□ NO	
3. If the answer to question 2, above, is	eed the amount of child supp	ort payable for 6 months?	? □ YES	□ NO		
4. Are you the subject of a child suppor			□ YES	□ NO		
CRIMINAL BACKGROUND	:					
1. Have you ever been convicted of a fe			□ YES	□ NO		
2. Are you currently charged with a felony crime, federal crime, or the equivalent?				□ YES	□ NO	
SIGNATURE:						
I		do hereby certify, ı	under penalties of perjury	and false swearing, that th	ne above	
information is true and correct to the bes	st of my knowledge.					
Signature:		Date:				
Do <u>NO</u> 1	Γ separate application from stub.	Return entire form an	d payment to the add	ress below.		
N						
State of West Virginia						
Board of Funeral Service Exar		liantion and well t	dduses Bet. d b. 1			
APPLICATION FEES: Attac	th the following fee to this appl	Ication and mail to a	uaress listed below.	•		

APPLICATION FEES: Attach the following fee to this application and mail to address listed below.					
Туре	Due Date	Amount Due			
New Funeral Service License	Prior to practicing	\$200.00			

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Name:			

**Mail ENTIRE FORM to:** Board of Funeral Service Examiners 179 Summers Street – Room 319

Charleston, WV 25301