



Courtesy Card Application

WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS

179 Summers Street, Suite 319
Charleston, WV 25301
304.558.0302

LICENSES ARE ISSUED BIENNIALLY, SET TO EXPIRE ON JUNE 30TH. FOR INSTANCE, IF YOU APPLY IN MAY, YOUR LICENSE WILL BE ISSUED FOR ONLY 14 MONTHS. FEES CAN NOT BE PRORATED.

NEW FEES IN EFFECT

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 print or type.

Card Holder Name (Last, First, MI)	Social Security No.
Mailing Address	Day Phone Cell Phone Home Phone
City-State-Zip	Email
Funeral Home Employer	Birthdate
Employer City and State	County of Residence
State of Licensure	

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: _____

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. Are you currently charged with a felony crime, federal crime, or the equivalent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CERTIFICATION AND SIGNATURE:

It is herewith agreed, should I be issued a Courtesy Card by the State of West Virginia, I will observe all the laws and rules of the State of West Virginia and the Board of Funeral Service Examiners pertaining to and governing the care of dead human bodies.

I will not establish a place of business, or be employed within the state boundaries of West Virginia, embalm bodies in the State of West Virginia, **disinter or exhume bodies in the State of West Virginia**, under penalty of revocation of my Courtesy Card privileges.

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, and that I understand the responsibilities, duties and privileges that are afforded to me as a Courtesy Card holder.

Signature: _____ Date: _____

Do NOT separate application from stub. Return this 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.		
Type	Due Date	Amount Due
New Courtesy Card	Prior to practicing	\$375.00

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

Applicant Name: _____

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

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