

Date _____

SOUTH DAKOTA BOARD OF FUNERAL SERVICE

810 North Main, Suite 298 • Spearfish, SD 57783

Phone: (605) 642-1600

**REGISTRATION FORM FOR
SOLICITATION OF PRE-ARRANGED FUNERAL TRUST CONTRACTS
BY NON-LICENSED PERSONS**

Registrant's Name: _____
(Last) (First) (Middle)

Address: _____
(Street or PO #) (City) (State) (Zip)

Name and Address of Funeral Establishment, Crematory or Cemetery Association which has authorized registrant to sell Pre-Arranged Funeral Trust Contract:

(Establishment Name) (SD License #)

(Address) (City) (State) (Zip)

Licensee in charge of funeral establishment, crematory or cemetery association:

(Name) (SD License #)

NOTE: If selling for more than one establishment, please fill out a form for each establishment.

Under Penalty of Oath, I hereby solemnly swear that I have not been convicted of any felony and that we have read and are in compliance with SDCL 55-11-7. Under Penalty of Oath, I hereby solemnly swear that I have not been convicted of any crime within the last five years involving the elements of fraud or misrepresentation. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

(Registrant's Signature) (Licensee in Charge Signature)

AFFIDAVIT

State of _____

SS

County of _____

The registrant _____ being duly sworn declares that he or she is the person who is referred to in the foregoing registration that the information supplied therein is true to the best of his or her knowledge, and that he or she has read and understands the registration.

Subscribed and sworn to before me this _____
day of _____, _____.

(Signature)

My commission expires _____