

Application for Licensure to Practice Funeral Service as a Funeral Director

South Dakota Board of Funeral Service
810 N. Main St. #298
Spearfish, SD 57783
office@sdlicensing.com

FOR BOARD USE ONLY

Date of Application _____ App Fee\$ _____ Check# _____

License Number _____ Date Issued _____

Board Approval _____ Date Expires _____

Date Child Support Checked: _____

Please type or print legibly in black or blue ink. Please note this application must be notarized and accompanied by an application fee of \$125.00

1. Full Name of Applicant _____
Last First Middle Maiden

2. Address _____
Mailing City State Zip
Phone No. (_____) _____

3. Social Security No. _____ Date of Birth _____

4. Email Address: _____

5. Are you a citizen of the United States? Yes No

6. Gender: Male _____ Female _____ Prefer Not to Answer _____ Not Applicable _____

7. Have you ever had your funeral services license suspended, placed on probation, or otherwise disciplined in South Dakota or any other state? If yes, please attach a separate sheet of paper including an explanation. Yes No

8. Are there any complaints currently pending against you as a funeral service licensee in South Dakota or in any other state? If yes, please attach a separate sheet of paper including an explanation. Yes No

9. Have you been convicted or found guilty of any criminal offense other than traffic violations? If yes, please attach a separate sheet of paper including an explanation. Include the offense you were convicted of, date of the conviction, the court convicted in, and send us a copy of the conviction. Yes No

10. Place of Business or Employment _____

Employer Address _____
Mailing City State Zip
Phone No. (_____) _____

Employer Business Type (please circle one): Unknown Individual Partnership Corporation
Association LLC LLP Other

11. Name and Location of High School of Graduation _____ Year _____
12. Traineeship completed in South Dakota? Yes ___ No ___ If yes, name of sponsor(s) and establishment(s)

If Completed in SD, Please request each sponsor complete Certificate of Apprenticeship form and return to the board office.

13. Name and location of Accredited Mortuary Science Program _____
Date of Graduation from ABFSE Accredited Mortuary Science Program _____
Request official transcripts be sent direct from the embalming school to the Board office.

14. The applicant for a funeral service license must have successfully completed at least 90 credit hours offered by an accredited institution of higher education **and** obtained a degree or certificate from a mortuary science or funeral service program that is accredited by the American Board of Funeral Service Education. Please list below the name and location of College(s) or University(s) where you completed coursework in addition to your accredited Mortuary Science or Funeral Service Program. **Request official transcripts be sent direct from the institution to the Board office.**

NAME	ADDRESS	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Are you licensed or have you ever been licensed to practice funeral embalming/directing in a state other than South Dakota Yes _____ No _____

Give State(s) _____ Licensed from _____ to _____

License Number(s) _____ **If yes, request the Board office in the other state(s) complete the "Verification of Licensure in Another State" form and return it directly to the Board office in South Dakota.**

16. I tested for the National Board Examination through The Conference on _____
_____ at _____
(mm/dd/yyyy) City State

Furnish certified record of subject and score sent directly from The Conference to the Board office.

17. Is your spouse an active duty member of the armed forces? Yes_____ No____ If yes, was your spouse subject to military transfer to South Dakota? Yes_____ No____ If yes, did you leave employment to accompany your spouse to South Dakota? Yes__No_____

AFFIDAVIT

I hereby state that I have fully read and understand the questions presented in this application and have answered them truthfully and completely. I acknowledge that my failure to make a full and accurate disclosure of any information called for herein may result in the denial of my application. I further acknowledge that any license or certification I may obtain on the basis of this application may be revoked or suspended for my failure to disclose full and accurate information herein.

I will furnish additional information or documentation as may be deemed necessary by the South Dakota State Board of Funeral Service for the verification of the information I have disclosed in this application.

I further authorize the Board to verify any and all information contained in this application. I authorize the Board to obtain and review any and all records and files pertaining to my licensure and practice in this and any other state in which I have been licensed or applied for licensure, and all law enforcement records, administrative records, motor vehicle records, and court documents required to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization for entities in possession of applicable information to release such information to the licensing Board.

I will not hold myself out as a state licensed funeral service embalmer/director until the license or certificate authorizing me to do so is in my possession.

I declare and affirm under the penalties of perjury that I will faithfully submit and conform myself and my actions to comply with all provisions of South Dakota Codified Law and the Administrative Rules of South Dakota governing the practice of Funeral Service in South Dakota.

I hereby declare under penalty of perjury that the foregoing answers and statement are true and correct.

MUST BE SIGNED IN PRESENCE OF NOTARY	Applicant Signature	Date of Signature
Notary Public Embossed Seal or Rubber Stamp	Subscribed and Sworn Before Me, this	
	day of	year
	Notary Public Signature	My Commission Expires
Notary Public Name (Type or Printed)		

This completed application, together with the appropriate application fees and any supporting documents should be submitted to: SD Board of Funeral Service, 810 N. Main St. #298, Spearfish, SD 57783. For questions regarding your application, please e-mail office@sdlicensing.com