

APPLICATION FOR MORTUARY STUDENT TRAINEE

In order to be eligible for the Mortuary Student Trainee Certificate you must currently be enrolled full time in a Mortuary Science Program. Please have your college or University submit proof of enrollment to the Board office.

Date of Application _____ Certificate # _____

Name of Applicant _____
Last First Middle Maiden

Address _____
Mailing City State Zip

Home Phone # (_____) _____

Please check either yes or no for each question in the appropriate section below.

Have you ever had a funeral service trainee license or a funeral service license suspended, placed on probation, or otherwise disciplined in South Dakota or any other state? If yes, explain here or attach a separate sheet. ____ Yes ____ No

Are there any complaints currently pending against you as a funeral service licensee in South Dakota or in any other state? If yes, explain here or attach a separate sheet. ____ Yes ____ No

Have you been convicted or found guilty of any criminal offense other than traffic violations? If yes, explain here or attach a separate sheet to include the offense convicted of, date of conviction, court convicted in, and a copy of the conviction. ____ Yes ____ No

Have you ever been convicted of a felony? ____ Yes ____ No

SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support? ____ Yes ____ No

Sponsor's Name _____ License# _____

Establishment Name _____ License# _____

Address _____
Mailing City State Zip

Business Phone# (_____) _____

AFFIDAVIT

TRAINEE

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 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 Board of Funeral Service for the verification of the information I have disclosed in this application.

I will not hold myself out as a Mortuary Student Trainee until the certificate authorizing me to do so is in my possession.

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

I further swear that it is my intent, if accepted as a Mortuary Student Trainee, to diligently pursue Funeral Service Education until I ultimately become a Funeral Service Licensee in the State of South Dakota, that I will read and become familiar with and obey the laws of the State of South Dakota, the Rules and Regulations of the South Dakota Board of Funeral Service, abide with the terms of this Traineeship and notify the Secretary immediately of any change of employment, training status, or address.

MUST BE SIGNED IN PRESENCE OF NOTARY

APPLICANT SIGNATURE _____ DATE _____

Subscribed and Sworn Before Me, This _____ day of _____, _____.

Notary Public Signature _____ My Commission Expires _____

SPONSOR

I, _____, sponsor for the above applicant being duly first sworn, state that I hold Funeral Service License No. _____, that I am associated with the _____ Funeral Establishment in the city of _____ where _____ is employed and that I hereby agree to sponsor the above named applicant while they hold a Mortuary Science certificate.

MUST BE SIGNED IN PRESENCE OF NOTARY

SPONSOR SIGNATURE _____ DATE _____

Subscribed and Sworn Before Me, This _____ day of _____, _____.

Notary Public Signature _____ My Commission Expires _____

**Submit completed application to:
South Dakota Board of Funeral Service
810 N. Main St. #298
Spearfish, SD 57783**