

## Funeral Trainee Application

South Dakota Board of Funeral Service

810 N. Main St. #298

Spearfish, SD 57783

[office@sdlicensing.com](mailto:office@sdlicensing.com)

### For Board Use Only

Date of Application \_\_\_\_\_

Application Fee \$ \_\_\_\_\_

Check Number \_\_\_\_\_

Trainee License Issued \_\_\_\_\_ Trainee Number \_\_\_\_\_

Trainee Expiration Date \_\_\_\_\_

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 \$25.00**

1. Full Name of Applicant \_\_\_\_\_  
Last First Middle Maiden

2. Address \_\_\_\_\_  
Mailing City State Zip  
Home Phone No. (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

3. Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Please check either yes or no for each question in the appropriate section below.  
(All applicants must complete)

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 5. 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, please attach a separate sheet of paper including an explanation.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 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.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgement or suspended imposition of sentence or had prosecution deferred with respect to a felony?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgement or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense? *it is the applicants responsibility to confirm whether the infraction is a | <input type="checkbox"/> | <input type="checkbox"/> |

class 1 or class 2 misdemeanor.

9. 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?

**\*If you answered yes to question 7 or 8, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation. This does not include records that have been sealed, expunged, or pardoned**

10. Sponsor's Name: \_\_\_\_\_ License # \_\_\_\_\_  
Establishment Name: \_\_\_\_\_ License # \_\_\_\_\_  
Address \_\_\_\_\_  
Mailing \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

11. Name /Location of High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

\*Request that your High School send an official transcript directly to the board office. Your application cannot be processed, and the traineeship cannot begin until we receive the transcript.

12. Date you would like the traineeship to begin \_\_\_\_\_ (Start date must be on the 1<sup>st</sup> of the month).  
13. Please mail my license to:  The Funeral Home  My Home Address

14. Have you ever been previously licensed as a funeral service trainee in South Dakota?  
IF yes, Previous Trainee License # \_\_\_\_\_ Location \_\_\_\_\_  
Name of Sponsor \_\_\_\_\_ Dates \_\_\_\_\_

15. Have you obtained your mortuary science or funeral service program degree from an **accredited mortuary school**? Yes  No

IF yes, please provide your graduation date? \_\_\_\_\_

IF no, what date did you **start** or are anticipated to **start** Mortuary School? \_\_\_\_\_

IF no, what is your anticipated graduation date? \_\_\_\_\_

16. Have you completed 90 **total** credit hours offered by an accredited institution of higher education? Please note, this includes credits obtained in the mortuary program. Yes  No

IF no, please explain \_\_\_\_\_

**Continue to page 3 and 4 for affidavits/signatures—All 4 pages must be included**

**TRAINEE 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 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 will not hold myself out as a state licensed funeral service trainee until the license 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 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 State Board of Funeral Service, abide with the terms of this Traineeship, file monthly report cards as they are due and notify the Secretary immediately of any change of employment, training status, or address.

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

**SPONSOR AFFIDAVIT**

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 in his/her 12 month traineeship.

I further swear that I will diligently familiarize and teach the above named applicant the art of embalming, restoration, family contact, funeral arrangement, funeral direction, and will familiarize and train him in the laws of the State of South Dakota and the Rules and Regulations of the South Dakota State Board of Funeral Service, and train him in all phases of service to families in need of funeral service and especially to coach him in ethical relationships with clientele and competing associates.

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

**\*Note to Applicant**

It is your responsibility to complete and file this application. Do not depend on your sponsor. When completed, enclose with a check of \$25.00 and mail to the South Dakota State Board of Funeral Service. When accepted, the Secretary of the Board will send you a Funeral Service Trainee License that is to be hung in the operating room of your sponsor and all necessary forms and instructions. Traineeship will cease as of the date of receipt of our last regular monthly report. Your traineeship registration is for 12 months, and it will be extended only upon application to the Board and by showing just cause. **If you stop your traineeship for any period of time you must notify the board office so they can make a note in your file. Depending on the length of the absence you may be asked to return your license to the board office.**

This completed application, together with the appropriate application fees and any supporting documents should be submitted to:

**South Dakota Board of Funeral Service**  
 810 North Main #298  
 Spearfish, SD 57783