



**OWNERSHIP/RELATIONSHIP INFORMATION**

**IF THE BUSINESS IS A SOLE PROPRIETORSHIP**

OWNER NAME: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE

TELEPHONE \_\_\_\_\_

**IF THE BUSINESS IS A CORPORATION OR A LIMITED LIABILITY COMPANY**

DATE REGISTERED WITH GEORGIA SECRETARY OF STATE: \_\_\_\_\_

**LEGAL BUSINESS NAME:** \_\_\_\_\_

**LIST PRINCIPAL OFFICERS (ATTACH ADDITIONAL SHEETS IF NECESSARY)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

STREET (NOT A P.O. BOX) CITY STATE ZIP CODE

TELEPHONE \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

STREET (NOT A P.O. BOX) CITY STATE ZIP CODE

TELEPHONE \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

STREET (NOT A P.O. BOX) CITY STATE ZIP CODE

TELEPHONE \_\_\_\_\_

**IF THE BUSINESS IS A PARTNERSHIP**

**LIST PARTNERS (ATTACH ADDITIONAL SHEETS IF NECESSARY)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

**OTHER FUNERAL DIRECTORS (ALL FUNERAL DIRECTORS WHO OWN OR ARE EMPLOYED BY THE ESTABLISHMENT OR ARE OTHERWISE CONNECTED WITH THE ESTABLISHMENT MUST BE LISTED BELOW):**

NAME: \_\_\_\_\_ DIRECTOR LICENSE: FD \_\_\_\_\_ EMBALMER LICENSE: EMB \_\_\_\_\_

NAME: \_\_\_\_\_ DIRECTOR LICENSE: FD \_\_\_\_\_ EMBALMER LICENSE: EMB \_\_\_\_\_

NAME: \_\_\_\_\_ DIRECTOR LICENSE: FD \_\_\_\_\_ EMBALMER LICENSE: EMB \_\_\_\_\_

NAME: \_\_\_\_\_ DIRECTOR LICENSE: FD \_\_\_\_\_ EMBALMER LICENSE: EMB \_\_\_\_\_

NAME: \_\_\_\_\_ DIRECTOR LICENSE: FD \_\_\_\_\_ EMBALMER LICENSE: EMB \_\_\_\_\_

NAME: \_\_\_\_\_ DIRECTOR LICENSE: FD \_\_\_\_\_ EMBALMER LICENSE: EMB \_\_\_\_\_

NAME: \_\_\_\_\_ DIRECTOR LICENSE: FD \_\_\_\_\_ EMBALMER LICENSE: EMB \_\_\_\_\_

LIST ADDITIONAL FUNERAL DIRECTORS ON A SEPARATE SHEET

**RETORT OPERATOR INFORMATION**

**CERTIFIED RETORT OPERATORS (ALL OPERATORS MUST BE CERTIFIED)**

NAME: \_\_\_\_\_ CERTIFICATION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ CERTIFICATION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ CERTIFICATION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ CERTIFICATION DATE: \_\_\_\_\_

**BACKGROUND INFORMATION**

___ YES	___ NO	HAVE ANY OF THE OWNERS, OFFICERS, CORPORATE DIRECTORS, OR FUNERAL DIRECTORS OF THE FUNERAL ESTABLISHMENT EVER BEEN CONVICTED, SENTENCED, PLED GUILTY, PLED NOLO CONTENDERE, OR BEEN GIVEN FIRST OFFENDER STATUS TO A FELONY OR A MISDEMEANOR, OTHER THAN A MINOR TRAFFIC VIOLATION, OR HAD A DISCIPLINARY ACTION IMPOSED ON THEM BY A LICENSING AUTHORITY IN GEORGIA OR ANY OTHER STATE? (DWI AND DUI ARE NOT MINOR TRAFFIC VIOLATIONS) IF "YES", ATTACH A WRITTEN EXPLANATION AND DOCUMENTATION.
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PERSON RESPONSIBLE FOR COMPLETION OF THIS APPLICATION: \_\_\_\_\_

RELATIONSHIP TO APPLICANT:                    \_\_\_ OWNER                    \_\_\_ FDFCC                    \_\_\_ OTHER \_\_\_\_\_

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT ALL ANSWERS TO THE FOREGOING QUESTIONS AND STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS THERETO ARE TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARY SEAL

**QUESTIONNAIRE FOR FUNERAL DIRECTOR IN FULL & CONTINUOUS CHARGE**

Are you a resident of Georgia? If "No", you cannot be FDFCC. ( ) Yes ( ) No

Do you have other employment? If "Yes", also complete Form C ( ) Yes ( ) No

If "Yes", list number of hours you work at the other employment: \_\_\_\_\_

If "Yes", provide the following information related to the distance from your other employment to the crematory establishment at which you will be the FDFCC:

Distance in Miles: \_\_\_\_\_ Distance in Time: \_\_\_\_\_ (Hrs/Min.)

Provide the following information related to the distance from your residence to the crematory establishment at which you will be FDFCC:

Distance in Miles: \_\_\_\_\_ Distance in Time: \_\_\_\_\_ (Hrs/Min.)

Are you a trade embalmer? ( ) Yes ( ) No

If Yes, list the approximate number of hours spent per week as a trade embalmer: \_\_\_\_\_

**SECTION I – COMPLETE THIS AFFIDAVIT IF YOU WILL HAVE NO OTHER EMPLOYMENT**

**OATH:** UNDER PENALTY OF PERJURY, I HEREBY SWEAR OR AFFIRM THAT I, THE UNDERSIGNED, AM A RESIDENT OF THE STATE OF GEORGIA; THAT I WILL NOT HAVE OTHER EMPLOYMENT; THAT I WILL NOT ACCEPT OTHER EMPLOYMENT, UNLESS I AM APPROVED BY THE BOARD TO DO SO; AND THAT I WILL, IF APPROVED, MEET ALL THE REQUIREMENTS OF THE FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE.

\_\_\_\_\_  
DATE  
  
SWORN TO AND SUBSCRIBED BEFORE ME THIS  
  
\_\_\_\_\_  
DAY OF \_\_\_\_\_, \_\_\_\_\_  
  
\_\_\_\_\_  
NOTARY PUBLIC  
  
MY COMMISSION EXPIRES \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF FDFCC  
  
FUNERAL DIRECTOR LICENSE NO.: \_\_\_\_\_  
  
\_\_\_\_\_  
NAME OF ESTABLISHMENT  
  
NOTARY SEAL

**SECTION II – COMPLETE THIS AFFIDAVIT IF YOU WILL HAVE OTHER EMPLOYMENT**

**OATH:** UNDER PENALTY OF PERJURY, I HEREBY SWEAR OR AFFIRM THAT I, THE UNDERSIGNED, AM A RESIDENT OF THE STATE OF GEORGIA; THAT I WILL BE THE FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE OF THE ESTABLISHMENT FOR WHICH THIS APPLICATION IS BEING MADE; THAT I WILL NOT BE A FULL-TIME EMPLOYEE OF THE ESTABLISHMENT FOR WHICH THIS APPLICATION IS BEING MADE, BUT I WILL HAVE ADDITIONAL EMPLOYMENT; THAT I WILL, IF APPROVED, BE ACCESSIBLE OR AVAILABLE TO THE ESTABLISHMENT FOR WHICH THIS APPLICATION IS BEING MADE AND THE COMMUNITY; AND THAT I WILL, IF APPROVED, MEET ALL THE REQUIREMENTS OF THE FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE.

\_\_\_\_\_  
DATE  
  
SWORN TO AND SUBSCRIBED BEFORE ME THIS  
  
\_\_\_\_\_  
DAY OF \_\_\_\_\_, \_\_\_\_\_  
  
\_\_\_\_\_  
NOTARY PUBLIC  
  
MY COMMISSION EXPIRES \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF FDFCC  
  
FUNERAL DIRECTOR LICENSE NO.: \_\_\_\_\_  
  
\_\_\_\_\_  
NAME OF ESTABLISHMENT  
  
NOTARY SEAL

### PROFESSIONAL BACKGROUND INFORMATION

**The Applicant must answer the following questions. If your answer is "Yes" to any of the following questions, provide explanation, including certified documentation. Such documentation includes, but is not limited to, court dispositions and disciplinary action by a licensing board. Attach additional sheets, if necessary.**

( ) Yes	( ) No	Have you had revoked, suspended, or otherwise sanctioned any license issued to you by any board, agency, or licensing authority in Georgia or any other state?
( ) Yes	( ) No	Were you denied issuance of or, pursuant to any disciplinary proceedings, refused renewal of a license by any board, agency, or licensing authority in Georgia or any other state?
( ) Yes	( ) No	Have you knowingly failed to renew a license during an investigation or disciplinary action?
( ) Yes	( ) No	Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?
( ) Yes	( ) No	To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?
( ) Yes	( ) No	Have you ever been arrested, charged, convicted, sentenced, entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor (other than a minor traffic violation), or any crime involving moral turpitude? (DWI and DUI are not minor traffic violations.) If "Yes," attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
( ) Yes	( ) No	Are you unable to practice with reasonable skill and safety due to illness or use of alcohol, drugs, narcotics, chemicals or any other types of material, or as a result of any mental or physical condition? <b>If so, attach notarized physician statement.</b>
( ) Yes	( ) No	Have you had any suit filed against you related to the practice of a profession?

### AFFIDAVIT

**I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia State Board of Funeral Service. (See O.C.G.A. § 43-1-19, O.C.G.A. § 16-10-71.)**

STATE OF GEORGIA  
 COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS  
 \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 NOTARY PUBLIC  
 MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
 DATE

**FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE  
AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION AND EMPLOYMENT LEAVE  
FORM C**

**PART I – TO BE COMPLETED BY THE APPLICANT**

PRINT NAME OF APPLICANT FOR FDFCC: \_\_\_\_\_

NAME OF OUTSIDE EMPLOYER: \_\_\_\_\_

I DO HEREBY AUTHORIZE MY EMPLOYER TO PROVIDE INFORMATION OF THE EXTENT TO WHICH I WOULD BE PERMITTED TO LEAVE THE PLACE OF EMPLOYMENT AND GO TO THE FUNERAL ESTABLISHMENT, OR ANY OTHER SITE THAT DEMANDS MY PRESENCE AS A FUNERAL DIRECTOR IN THE OPERATION OF AND CONDUCT OF FUNERAL BUSINESS, AS REQUIRED BY THE RULES OF THE GEORGIA STATE BOARD OF FUNERAL SERVICE.

_____ SIGNATURE OF APPLICANT FOR FDFCC	_____ NAME OF EMPLOYER
_____ DATE	_____ PHYSICAL ADDRESS OF EMPLOYER
	_____ NAME OF SUPERVISOR

**PART II – OUTSIDE EMPLOYER  
TO BE COMPLETED BY THE HIGHEST-RANKING PERSON IN THE COMPANY, DEPARTMENT, OR  
AGENCY**

( ) Yes ( ) No Does your company have a leave policy?

( ) Yes ( ) No Does the leave policy apply to this employee?

( ) Yes ( ) No Does this employee have permission to leave?

I DO HEREBY CERTIFY THAT THE ABOVE STATEMENTS ACCURATELY DESCRIBE THE EXTENT TO WHICH THE ABOVE-NAMED EMPLOYEE IS PERMITTED TO LEAVE HIS/HER EMPLOYMENT TO GO TO HIS/HER ESTABLISHMENT, OR ANY OTHER SITE THAT DEMANDS HIS/HER PRESENCE AS A FUNERAL DIRECTOR, IN THE OPERATION AND CONDUCT OF THE FUNERAL BUSINESS.

\_\_\_\_\_  
DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
\_\_\_\_ DAY OF \_\_\_\_\_,

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
COMPANY, DEPARTMENT, OR AGENCY NAME

\_\_\_\_\_  
NOTARY SEAL



**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440**

**CONSENT FORM**

I authorize the Professional Licensing Boards Division (“Division”) to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Division, their authorized representatives, or any other persons deemed necessary by the Division in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

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Applicant’s Full Name (Printed)

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Physical Address (P.O. Boxes **NOT** Accepted)

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Sex

---

Race

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Date of Birth

---

Social Security Number

Place of Birth (City/State/Country): \_\_\_\_\_

Aliases or Maiden Name: \_\_\_\_\_

---

Signature of Applicant

---

Date

**GEORGIA STATE BOARD OF FUNERAL SERVICE  
237 COLISEUM DRIVE  
MACON, GA 31217  
478.207.2440  
www.sos.ga.gov/plb/funeral**

**ZONING CERTIFICATION  
FORM D**

**THIS IS TO CERTIFY THAT**

\_\_\_\_\_  
**NAME OF CREMATORY ESTABLISHMENT**

\_\_\_\_\_  
**OWNER(S)**

\_\_\_\_\_  
**STREET ADDRESS**

\_\_\_\_\_  
**CITY**

\_\_\_\_\_  
**STATE**

\_\_\_\_\_  
**ZIP CODE**

**HAS MET ALL ZONING STANDARDS THAT ARE REQUIRED TO OPERATE THE PROPOSED CREMATORY  
ESTABLISHMENT IN THE COUNTY/CITY OF**

\_\_\_\_\_  
**SIGNATURE OF ZONING COMMISSIONER**

\_\_\_\_\_  
**PRINT NAME OF ZONING COMMISSIONER**

**SWORN TO AND SUBSCRIBED BEFORE ME THIS**

\_\_\_\_\_  
**DAY OF** \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

**MY COMMISSION EXPIRES** \_\_\_\_\_

**NOTARY SEAL**