

**APPLICATION FOR EMBALMER  
AND FUNERAL DIRECTOR LICENSE**



**GEORGIA STATE BOARD OF FUNERAL SERVICE  
237 COLISEUM DRIVE  
MACON, GA 31217**

## INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

Embalmer and Funeral Director licenses expire on March 31 of even years; therefore, while the licenses are valid for two years, your initial license granted from this application may be valid for a shorter period of time due to the relation between the date the initial license is issued and the expiration date for all licenses.

Application fees are non-refundable.

The application is divided into three sections:

Section A is to be prepared by all applicants.

Section B is to be prepared by applicants for reinstatement of lapsed license(s).

The Certificate of Embalming Education is to be mailed to the school where education was received by applicants for initial licensure only. The school will mail the completed certificate to the applicant in a sealed envelope. The sealed envelope must be submitted by the applicant with this application.

The Georgia Laws & Rules Examination is required for applicants for initial licensure who have not taken the exam previously, and for applicants for reinstatement of license(s) that have expired for more than two years after the expiration of the license.

If the applicant desires a decorative wall certificate for the license(s), an application for a decorative wall certificate is available on the Board website. The application may be submitted after the issuance of the license(s). Please see Fee Schedule for the appropriate fee.

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All required sections of the application must be completed, signed and notarized in the appropriate places.

Applicants for initial licensure should not submit page 8 (Section B).

Applicants for reinstatement of licensure(s) should not submit the Certificate of Embalming Education (Page 9.)

Applicants for reinstatement of license(s) must submit a copy of their certificate of continuing education attendance within the previous two years, in order to be considered for reinstatement by the Georgia State Board of Funeral Service.

If any questions on page 5 of the application are answered "Yes," certified documentation must be included with the application. Failure to provide the certified documentation will result in delays in the processing of the application, and may result in denial of the application by the Georgia State Board of Funeral Service.

**GEORGIA STATE BOARD OF FUNERAL SERVICE  
FEE SCHEDULE  
FUNERAL ESTABLISHMENT AND CREMATORY**

INITIAL APPLICATION FEE - FUNERAL ESTABLISHMENT	<b>\$150.00</b>
INITIAL APPLICATION FEE - CREMATORY	<b>\$150.00</b>
RENEWAL - IF RECEIVED ON OR BEFORE JUNE 30 OF THE RENEWAL YEAR	<b>\$140.00</b>
LATE RENEWAL - RECEIVED BETWEEN JULY 1 AND JULY 31 OF THE RENEWAL YEAR	<b>\$390.00</b>
CHANGE ESTABLISHMENT NAME	<b>\$150.00</b>
CHANGE OF ESTABLISHMENT LOCATION/ADDRESS	<b>\$150.00</b>
CHANGE OF FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE	<b>\$ 50.00</b>
CHANGE OF OWNERSHIP	<b>NO FEE</b>
RE INSPECTION, IF INITIAL INSPECTION IS FAILED	<b>\$100.00</b>

**APPRENTICESHIP REGISTRATION**

INITIAL APPLICATION FEE	<b>\$ 40.00</b>
RENEWAL - IF RECEIVED ON OR BEFORE MARCH 31 OF THE RENEWAL YEAR	<b>\$ 70.00</b>
LATE RENEWAL - RECEIVED BETWEEN APRIL 1 AND APRIL 30 OF THE RENEWAL YEAR	<b>\$140.00</b>
REINSTATEMENT OF APPRENTICESHIP REGISTRATION (AT THE BOARD'S DISCRETION)	<b>\$180.00</b>
CHANGE OF LOCATION	<b>\$ 20.00</b>
CHANGE OF SUPERVISING EMBALMER &/ OR FUNERAL DIRECTOR	<b>\$ 20.00</b>
CERTIFICATION OF APPRENTICESHIP HOURS	<b>\$ 25.00</b>

**EMBALMER AND FUNERAL DIRECTOR**

EMBALMER APPLICATION FEE	<b>\$ 50.00</b>
FUNERAL DIRECTOR APPLICATION FEE	<b>\$ 50.00</b>
APPLICATION FEE – LICENSE BY ENDORSEMENT OR RECIPROCITY – FUNERAL DIRECTOR ONLY (MUST HAVE A VALID GEORGIA EMBALMER LICENSE)	<b>\$150.00</b>
APPLICATION FEE – LICENSE BY ENDORSEMENT OR RECIPROCITY – EMBALMER ONLY	<b>\$150.00</b>
APPLICATION FEE – LICENSE BY ENDORSEMENT OR RECIPROCITY – FUNERAL DIRECTOR & EMBALMER	<b>\$350.00</b>
RENEWAL FEE – FUNERAL DIRECTOR - IF RECEIVED ON OR BEFORE MARCH 31 OF RENEWAL YEAR	<b>\$100.00</b>
LATE RENEWAL FEE – FUNERAL DIRECTOR - RECEIVED BETWEEN APRIL 1 AND APRIL 30 OF RENEWAL YEAR	<b>\$200.00</b>
REINSTATEMENT FEE - FUNERAL DIRECTOR – AT BOARD'S DISCRETION AFTER APRIL 30 OF RENEWAL YEAR	<b>\$300.00</b>
RENEWAL FEE – EMBALMER - IF RECEIVED ON OR BEFORE MARCH 31 OF RENEWAL YEAR	<b>\$100.00</b>
LATE RENEWAL FEE – EMBALMER - RECEIVED BETWEEN APRIL 1 AND APRIL 30 OF RENEWAL YEAR	<b>\$200.00</b>
REINSTATEMENT FEE – EMBALMER - AT BOARD'S DISCRETION AFTER APRIL 30 OF RENEWAL YEAR	<b>\$300.00</b>
CHANGE OF NAME/ADDRESS FEE	<b>\$ 25.00</b>
INACTIVE STATUS APPLICATION FEE FOR EACH LICENSE	<b>\$ 35.00</b>
APPLICATION FEE FOR REACTIVATION OF EACH LICENSE	<b>\$100.00</b>
<b>GEORGIA LAWS &amp; RULES EXAMINATION FEE: CONTACT PSI: INFO AVAILABLE PRIOR TO OCTOBER 1, 2009</b>	
<b>NATIONAL EXAMINATION &amp; FEE: CONTACT THE CONFERENCE 1885 SHELBY LANE FAYETTEVILLE, AR 72704 TELEPHONE: 479.442.7076; FAX: 479.442.7090</b>	
APPLICATION FOR DUPLICATE LICENSE IDENTIFICATION CARD & WALL CERTIFICATE	<b>\$ 25.00</b>
APPLICATION FOR DECORATIVE WALL CERTIFICATE, EACH LICENSE	<b>\$ 50.00</b>
APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION PROVIDER	<b>\$250.00</b>

**NOTE: FEES MAY BE CHANGED AT THE DISCRETION OF THE BOARD WITHOUT NOTICE. REQUESTS FOR REFUND MUST BE IN WRITING. APPLICATION FEES ARE NON-REFUNDABLE. RETURNED CHECKS WILL BE DEALT WITH IN ACCORDANCE WITH CODE SECTION 16-9-20 OF THE CRIMINAL CODE OF GEORGIA.**

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

<b>DO NOT WRITE IN THIS SECTION</b>	
RECEIPT # _____	
AMOUNT _____	
APPLICANT # _____	
INITIAL _____	DATE _____

**APPLICATION FOR EMBALMER AND FUNERAL DIRECTOR LICENSES**

**REASON FOR APPLICATION:** *Make checks payable to: The Georgia State Board of Funeral Service*

- Initial Embalmer & Funeral Director Licenses \$100.00 Non-refundable
- Initial Embalmer License Only \$ 50.00 Non-refundable
- Initial Funeral Director License Only (Embalmer License # \_\_\_\_\_) \$ 50.00 Non-refundable
- Reinstatement of Embalmer & Funeral Director Licenses (Embalmer License # \_\_\_\_\_  
Funeral Director License # \_\_\_\_\_) \$600.00 Non-refundable
- Reinstatement of Embalmer License Only – License # \_\_\_\_\_ \$300.00 Non-refundable
- Reinstatement of Funeral Director License Only – License # \_\_\_\_\_  
(Embalmer license # \_\_\_\_\_) \$300.00 Non-refundable

**SECTION A – ALL APPLICANTS**

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR, SR, ETC)
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SOCIAL SECURITY NO.\*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PLACE OF BIRTH:

\*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001.

CITY STATE OR COUNTRY

I AM A U S CITIZEN

DATE OF BIRTH : \_\_\_\_/\_\_\_\_/\_\_\_\_

I AM NOT A U S CITIZEN, BUT AM A QUALIFIED ALIEN UNDER THE FEDERAL IMMIGRATION & NATURALIZATION ACT, & I AM LAWFULLY PRESENT IN THE UNITED STATES.  
 (COMPLETE & SUBMIT ATTACHED FORM WITH COPY OF DOCUMENTATION)

GENDER:  MALE  FEMALE

**PHYSICAL LOCATION ADDRESS (P.O. BOX IS NOT ACCEPTABLE):**

STREET	CITY	COUNTY	STATE	ZIP CODE	TELEPHONE
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**EMAIL ADDRESS (FOR COMMUNICATION BY THE BOARD):** \_\_\_\_\_

Acknowledgement of your application will be sent by email. If any additional information is needed, email is the most efficient way for the Board staff to contact you. Also, useful information such as notifications regarding license renewal will be sent via email. Please notify the Board of any email address change. Your email address will not be shared with any third party.

**MAILING ADDRESS (USED FOR MAILING LICENSES & RENEWAL NOTICES)**

STREET OR PO BOX	CITY	COUNTY	STATE	ZIP CODE	TELEPHONE
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**SECTION A – ALL APPLICANTS (CONTINUED)**

**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 Do you now hold, or have you in the past held, a funeral director or embalmer license in any state? If “Yes,” submit an original notarized letter from the state of licensure.
- 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? If so, attach notarized physician statement.
- 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.)

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

**SECTION A - ALL APPLICANTS (CONTINUED)**

**DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS**

**\*\* (SUBMIT THIS PAGE ONLY IF YOU CHECKED THAT YOU ARE NOT A US CITIZEN ON PAGE 1) \*\***

**Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.**

**Alien Lawfully Admitted for Permanent Residence:**

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- \_\_\_\_\_ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

**Asylee:**

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- \_\_\_\_\_ - Grant letter from the asylum office of INS
- \_\_\_\_\_ - Order of an immigration judge granting asylum

**Refugee:**

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- \_\_\_\_\_ - INS Form I-571 (Refugee Travel Document)

**Alien Paroled Into the U.S. for at Least One Year:**

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

**Alien Whose Deportation or Removal Was Withheld:**

- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- \_\_\_\_\_ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

**Alien Granted Conditional Entry:**

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"

**Cuban/Haitian Entrant:**

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- \_\_\_\_\_ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- \_\_\_\_\_ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

**Alien Who Has Been Battered or Subjected to Extreme Cruelty:**

- \_\_\_\_\_ - INS petition and appropriate supporting documentation

\_\_\_\_\_  
Name of Applicant



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

CONSENT FORM

I hereby authorize the Georgia State Board of Funeral Service (“Board”) to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Physical Address (P.O. Boxes NOT Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**One of the following must be checked:**

This authorization is valid for 90/180/\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Special licensure provisions (check if applicable):

\_\_\_\_ Working with mentally disabled

\_\_\_\_ Working with elder care

\_\_\_\_ Working with children



