Please print out and submit the following, along with your receipt, to:

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

CERTIFICATE OF EMBALMING EDUCATION

EDUCATIONAL INSTITUTION:

_____
Name of Mortuary School/College

_____
Street Address City State Zip

APPLICANT NAME

APPLICANT TRACKING CODE
(Found on receipt page)

_____

DATES OF ATTENDANCE

Beginning Date: _____
Month Day Year

Ending Date: _____
Month Day Year

Diploma
Received Date: _____
Month Day Year

I hereby certify that the information concerning the applicant for funeral director &/or embalmer license with the Georgia State Board of Funeral Service referenced in this Certificate of Embalming Education is true and accurate.

_____
President, Dean, or Registrar

_____
Date

Subscribed and sworn to before me
this ____ day of _____, _____

_____
Notary Public
My Commission Expires _____

NOTARY SEAL

Please forward the completed Certificate of Embalming Education directly to the applicant in a sealed envelope.