

APPLICATION TO THE ARKANSAS STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
FOR REGISTRATION AS A STUDENT EMBALMER

PHONE _____

(Office Use Only)

No. _____

Soc. Sec. # _____

(Office Use Only)

Date _____

\$50.00 Application Fee must be included.

Have you ever been convicted of a felony? _____ If yes, please attach explanation

I hereby make application for registration as a Student Embalmer to the Arkansas State Board of Embalmers and Funeral Directors.

Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Sex _____ F _____ M _____

E-mail _____

I have completed a High School course of Education at _____
(Name of School)

**** Attach a Copy of High School Diploma or Equivalent

I will be employed by _____
(Name of Funeral Home)

Mailing Address _____ City _____ State _____ Zip _____

I will serve under the following Embalmers:

Name of Embalmer	Board ID# of Embalmer	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all information and statements contained within this application are true to the best of my knowledge and belief.

State of _____
County of _____
Subscribed and sworn before me this _____ Day of _____
Year of _____

Applicant Signature

Notary Public

My commission expires:

PLEASE READ INSTRUCTIONS SHEET TO INCLUDE ALL REQUIRED MATERIAL.

Mail application to: Arkansas State Board of Embalmers & Funeral Directors
101 E. Capitol, Suite 113
Little Rock, AR 72201