

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

PHONE \_\_\_\_\_

(Office Use Only)

No. \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

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 Funeral Director to the Arkansas State Board of Embalmers and Funeral Directors.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ 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 Funeral Directors:

Name of Funeral Director \_\_\_\_\_ License # of Director \_\_\_\_\_ Address \_\_\_\_\_

Name of Funeral Director \_\_\_\_\_ License # of Director \_\_\_\_\_ Address \_\_\_\_\_

Name of Funeral Director \_\_\_\_\_ License # of Director \_\_\_\_\_ Address \_\_\_\_\_

Name of Funeral Director \_\_\_\_\_ License # of Director \_\_\_\_\_ Address \_\_\_\_\_

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

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

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_

Year of \_\_\_\_\_.

\_\_\_\_\_  
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

