STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS

RETIRED EMBALMER AND FUNERAL DIRECTOR LICENSE AFFIDAVIT

STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
P.O. BOX 423, 3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65102-0423
TELEPHONE: (573) 751-0813 TTY (800) 735-2966
WEBSITE: http://pr.mo.gov/embalmers
EMAIL: embalm@pr.mo.gov

Please complete and return this form to the address listed above.
A retired certificate will be issued to you if regulatory requirements are met.

AFFIDAVIT

I, _____ , hereby certify that my date of birth is _____ and that
(PLEASE PRINT NAME) (MM/DD/YYYY)

I am _____ years of age and wish to place my Missouri embalmer license # _____ and funeral director license # _____ on a retired status.

I further certify that I will not practice the professions of embalming and funeral directing in the state of Missouri pursuant to chapters 333, 193 and 194 RSMo. If at anytime in the future I should desire to reactivate my embalmer and/or my funeral director license(s), I will contact the board office for the appropriate form and pay the appropriate fee.

CURRENT MAILING ADDRESS	E-MAIL ADDRESS (OPTIONAL)

CITY	STATE	ZIP CODE

MUST BE SIGNED IN PRESENCE OF NOTARY ▶

LICENSEE SIGNATURE

STATE OF	COUNTY	NOTARY PUBLIC EMBOSSED SEAL OR BLACK INK RUBBER STAMP
SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20	**USE RUBBER STAMP IN CLEAR AREA BELOW**	
NOTARY PUBLIC SIGNATURE / MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

Save Print Reset