



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**UPDATE APPLICATION FOR REGISTRATION
 AS A FUNERAL DIRECTOR APPRENTICE**

STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
 3605 MISSOURI BOULEVARD
 P.O. BOX 423
 JEFFERSON CITY, MO 65102-0423
 TELEPHONE (573) 751-0813
 TTY (800) 735-2966
 FAX (573) 751-1155
 EMAIL: embalm@pr.mo.gov
 WEBSITE: pr.mo.gov/embalmers.asp

FOR BOARD USE ONLY	
REGISTRATION NO.	DATE ISSUED

I HEREBY UPDATE MY APPLICATION FOR REGISTRATION AS A FUNERAL DIRECTOR APPRENTICE AS PROVIDED BY THE LAWS OF MISSOURI AND THE RULES AND REGULATIONS OF THE BOARD, AND AGREE TO COMPLY WITH THE MISSOURI REQUIREMENTS OF A FUNERAL DIRECTOR APPRENTICE, WITH WHICH I AM FAMILIAR. THIS FORM CAN BE FAXED OR EMAILED TO THE BOARD OFFICE

NAME (PRINT IN FULL, INCLUDING MIDDLE NAME)		EMAIL	
MAILING ADDRESS (STREET)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (REQUIRED)	COUNTY/STATE OF RESIDENCE

AFFIDAVIT OF EMPLOYMENT

ADD FUNERAL DIRECTOR SUPERVISOR

FUNERAL DIRECTOR NAME	MO FD LICENSE NO	FUNERAL DIRECTOR NAME	MO FD LICENSE NO
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I hereby state that the above named individual became an apprentice of stated funeral establishment on the date listed. I further state that the named employee will devote at least fifteen (15) hours per week to his/her duties as an apprentice funeral director and that I am the funeral director in charge (FDIC) of said funeral establishment and I am familiar with the Missouri requirements governing funeral directing and I agree to comply with same.

SIGNATURE OF FUNERAL DIRECTOR IN CHARGE	DATE
PRINT NAME	

ADD LOCATION 1

FUNERAL ESTABLISHMENT NAME	FUNERAL ESTABLISHMENT LICENSE NUMBER		
ADDRESS (STREET)	CITY	STATE	ZIP CODE

The applicant will be serving his/her apprenticeship under the following Missouri licensed funeral director(s) (Please print):

FUNERAL DIRECTOR NAME	MO F.D. LIC. NO.	FUNERAL DIRECTOR NAME	MO F.D. LIC. NO.
FUNERAL DIRECTOR NAME	MO F.D. LIC. NO.	FUNERAL DIRECTOR NAME	MO F.D. LIC. NO.

I hereby state that the above named individual became an apprentice of stated funeral establishment on the date listed. I further state that the named employee will devote at least fifteen (15) hours per week to his/her duties as an apprentice funeral director and that I am the funeral director in charge (FDIC) of said funeral establishment and I am familiar with the Missouri requirements governing funeral directing and I agree to comply with same.

SIGNATURE OF FUNERAL DIRECTOR IN CHARGE	DATE
PRINT NAME	

ADD LOCATION 2

FUNERAL ESTABLISHMENT NAME	FUNERAL ESTABLISHMENT LICENSE NUMBER		
ADDRESS (STREET)	CITY	STATE	ZIP CODE

The applicant will be serving his/her apprenticeship under the following Missouri licensed funeral director(s) (Please print):

FUNERAL DIRECTOR NAME	MO F.D. LIC. NO.	FUNERAL DIRECTOR NAME	MO F.D. LIC. NO.
FUNERAL DIRECTOR NAME	MO F.D. LIC. NO.	FUNERAL DIRECTOR NAME	MO F.D. LIC. NO.

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SIGNATURE OF FUNERAL DIRECTOR IN CHARGE  DATE

PRINT NAME

REMOVE LOCATION

FUNERAL ESTABLISHMENT NAME	FUNERAL ESTABLISHMENT ADDRESS
FUNERAL ESTABLISHMENT NAME	FUNERAL ESTABLISHMENT ADDRESS
FUNERAL ESTABLISHMENT NAME	FUNERAL ESTABLISHMENT ADDRESS

REMOVE SUPERVISOR

SUPERVISOR NAME	LOCATION NAME
SUPERVISOR NAME	LOCATION NAME
SUPERVISOR NAME	LOCATION NAME

Pursuant to Section 324.010 RSMo:
 CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.
False statements are subject to criminal penalties and/or license discipline.
If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

AFFIDAVIT OF APPLICATION - ALL APPLICANTS MUST COMPLETE THIS SECTION

I hereby certify that I have personally completed the foregoing application truthfully and completely, without omission;
That all the information and answers contained in the foregoing application and any attachments thereto are true and correct to my best knowledge and belief;
That I have personally reviewed the information contained herein and hereby submit this application for consideration to the State Board of Embalmers and Funeral Directors for licensure as an embalmer practicum student pursuant to the laws and regulations of the State of Missouri and the State Board of Embalmers and Funeral Directors and;
That I made this affidavit knowingly, and understand that any false statements or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo (as amended).

SIGNATURE OF APPLICANT  DATE

PRINT NAME