

# Georgia State Board of Funeral Service

237 Coliseum Dr., Macon, GA 31217

478-207-2440 / fax 866-888-8026

www.sos.ga.gov

## APPLICATION FOR EMBALMER AND FUNERAL DIRECTOR LICENSE BY ENDORSEMENT OR RECIPROCITY

### INFORMATION AND INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

- Embalmer and Funeral Director licenses expire on March 31 of even years.
- Licenses are valid for two (2) years.
- Your initial licensing period may be less than two (2) years depending on when the license is granted by the Board (if application is approved).
- Application fees are non-refundable.
- The Certificate of Embalming Education is for initial licensure only and is to be mailed to the school where applicant's education was received. The school will mail the completed certificate to the applicant in a sealed envelope. The sealed envelope must be submitted to the Board by the applicant along with this application.
- The Georgia Laws & Rules Examination is required for endorsement or reciprocity applicants. The examination is administered by PSI.
- You must submit:
  - A copy of the state law from which you were originally licensed by examination, or reference to the website from which the law can be reviewed.
  - Letter(s) of certification from the state(s) in which you are licensed.
  - Signed & notarized letter from previous employer verifying previous employment as funeral director and/or embalmer for the past 3 years.
- Optional: For active licensees, decorative wall certificates are available for purchase. To order, print the Order Form from the Board's website and submit to the Board Office. The certificate cost is located on the Fee Schedule on the Board's website.

---

Information on the requirements for licensure by Endorsement or Reciprocity can be viewed under the Laws, Policies, and Rules tab at <http://sos.ga.gov/index.php/licensing/plb/25>. Board Rule 250-5. Personal Licensure.

The licensing requirements for education and apprenticeship in the state where the original licenses were issued must be substantially similar to Georgia requirements in order the Board to consider licensure by reciprocity.

**GEORGIA STATE BOARD OF FUNERAL SERVICE  
FEE SCHEDULE**

**FUNERAL ESTABLISHMENT AND CREMATORY**

INITIAL APPLICATION FEE - FUNERAL ESTABLISHMENT	\$150.00
INITIAL APPLICATION FEE - CREMATORY	\$150.00
RENEWAL - IF RECEIVED ON OR BEFORE JUNE 30 OF RENEWAL YEAR	\$140.00
LATE RENEWAL - RECEIVED BETWEEN JULY 1 AND JULY 31 OF RENEWAL YEAR	\$390.00
CHANGE OF ESTABLISHMENT NAME	\$150.00
CHANGE OF ESTABLISHMENT LOCATION / ADDRESS	\$150.00
CHANGE OF FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE	\$ 50.00
CHANGE OF OWNERSHIP	NO FEE
RE-INSPECTION, IF INITIAL INSPECTION IS FAILED	\$100.00

**APPRENTICESHIP REGISTRATION**

INITIAL APPLICATION FEE - APPRENTICESHIP	\$ 40.00
RENEWAL - Received on or before March 31 of Renewal Year	\$ 70.00
LATE RENEWAL – Received between April 1 and April 30 of Renewal Year	\$140.00
REINSTATEMENT OF APPRENTICESHIP REGISTRATION (At Board's Discretion)	\$180.00
CHANGE OF LOCATION	\$ 20.00
CHANGE OF SUPERVISING EMBALMER &/ OR FUNERAL DIRECTOR	\$ 20.00
CERTIFICATION OF APPRENTICESHIP HOURS	\$ 25.00

**EMBALMER AND FUNERAL DIRECTOR**

Embalmer - APPLICATION FEE	\$ 50.00
Embalmer - APPLICATION FEE – License by Endorsement or Reciprocity	\$175.00
Embalmer - RENEWAL FEE – Received on or before March 31 of Renewal Year	\$100.00
Embalmer - LATE RENEWAL FEE – Received between April 1 and April 30 of Renewal Year	\$200.00
Embalmer - REINSTATEMENT FEE – (Reinstatement is at Board's discretion after April 30 <sup>th</sup> of renewal year)	\$300.00
Funeral Director - APPLICATION FEE	\$ 50.00
Funeral Director - APPLICATION FEE – License by Endorsement or Reciprocity (Must have a valid Georgia Embalmer License)	\$175.00
Funeral Director - RENEWAL FEE – Received on or before March 31 of Renewal Year	\$100.00
Funeral Director - LATE RENEWAL FEE – Received between April 1 and April 30 of Renewal Year	\$200.00
Funeral Director REINSTATEMENT FEE– (Reinstatement is at Board's discretion after April 30 <sup>th</sup> of renewal year)	\$300.00
Funeral Director and Embalmer APPLICATION FEE – if applying for both license types through License by Endorsement or Reciprocity – (Does not include GA Law & Rules Exam Fee)	\$350.00
Change of Name / Address Processing Fee	\$ 25.00
APPLICATION FEE - Inactive Status Application for each license type	\$ 35.00
APPLICATION FEE – Reactivation of each license type	\$100.00
EXAMINATION – Georgia Laws & Rules Examination is given by PSI; 800-733-9267; <a href="http://www.psiexams.com">www.psiexams.com</a>	
NATIONAL EXAMINATION: Contact The Conference at 479-442-7076; <a href="http://www.theconferenceonline.org">www.theconferenceonline.org</a>	
DUPLICATE LICENSE (blue card)/WALL CERTIFICATE (may order thru website)	\$ 25.00
DECORATIVE WALL CERTIFICATE, EACH LICENSE (submit paper form)	\$ 50.00
APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION PROVIDER (must submit at least one completed CE course for board review)	\$250.00

NOTE: Checks or money orders are payable to GEORGIA STATE BOARD OF FUNERAL SERVICE. Fees may be changed at the discretion of the Board without prior notice. Application Fees are non-refundable. Other refund requests must be in writing. Returned checks will incur fees in accordance with Code Section 16-9-20 of the Criminal Code of Georgia.

**GEORGIA STATE BOARD OF FUNERAL SERVICE**  
 237 Coliseum Dr., Macon, GA 31217  
 478.207.2440  
 www.sos.ga.gov/plb/funeral

Date Entered _____
Receipt # _____
Submitted \$ _____
Date Issued _____

**APPLICATION for**  
**EMBALMER and/or FUNERAL DIRECTOR LICENSE**  
**by ENDORSEMENT OR RECIPROCITY**

**I am applying for (select appropriate license type):**

- Initial Embalmer & Funeral Director Licenses - \$350.00 fee\*
- Initial Embalmer License Only - \$175.00 fee\*
- Initial Funeral Director License Only - \$175.00\*  
 (must have current active Embalmer License - # \_\_\_\_\_)

***\*Fees are non-refundable***

Applicant Name to appear  
 on License:

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Social Security #<sup>1</sup>:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| - \_\_\_\_|\_\_\_\_| - \_\_\_\_|\_\_\_\_|

Date of Birth:

\_\_\_\_|\_\_\_\_| - \_\_\_\_|\_\_\_\_| - \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

<sup>1</sup> This information is authorized to be obtained & disclosed to state & federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

Gender:  Male  Female

Residential Address:

PHYSICAL ADDRESS - NUMBER AND STREET NAME REQUIRED (P.O. BOX NOT ACCEPTABLE) \_\_\_\_\_ APT # \_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| CITY STATE ZIP - \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Mailing<sup>2</sup>  
 Address:

(P.O. BOX ACCEPTABLE) <sup>2</sup> O.C.G.A. §43-1-2 (k) Your name, mailing address and license number are public information and will appear on Secretary of State's website

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| CITY STATE ZIP - \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Daytime Phone #

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| - \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Evening Phone #

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| - \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

E-mail Address<sup>3</sup>: \_\_\_\_\_ FAX \_\_\_\_\_

**<sup>3</sup>Required for communication with Board staff. Your email will not be shared with third parties.**

**Georgia State Board of Funeral Service**

**EMBALMER / FUNERAL DIRECTOR LICENSE BY ENDORSEMENT OR RECIPROCITY**

**Background Questionnaire**

The following questions must be answered by the applicant. If “yes” is answered to any question, documentation/explanation must be provided, including certified documentation such as court dispositions, board disciplinary action reports, etc.

Yes	No	Do you now hold, or have you in the past held, a funeral director or embalmer license in any state? If “Yes,” submit an original notarized letter from the state(s) of licensure.
Yes	No	Have you been active in the practice of funeral service as an embalmer and/or funeral director within the past three years immediately prior to the filing of this application?
Yes	No	Has any license issued to you by any board, agency, or licensing authority in any state, including Georgia, been revoked, suspended, or otherwise sanctioned?
Yes	No	Have you ever been denied issuance of, or pursuant to any disciplinary proceedings, been refused renewal of a license by any board, agency, or licensing authority in any state, including Georgia?
Yes	No	Have you knowingly failed to renew a license during an investigation or disciplinary action?
Yes	No	Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?
Yes	No	To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?
Yes	No	Have you ever been arrested, charged, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? If yes, attach certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
Yes	No	Have you ever entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? If yes, attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
Yes	No	Are you <u>unable</u> to practice with reasonable skill and safety due to use of alcohol, drugs, narcotics, chemicals or any other types of material?
Yes	No	Are you <u>unable</u> to practice with reasonable skill and safety due to illness, or as a result of any mental or physical condition? If yes, attach a notarized physician’s statement.
Yes	No	Have you had any suit filed against you related to the practice of a profession?

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia State Board of Funeral Service. (O.C.G.A. § 43-1-19 and O.C.G.A. § 16-10-71.)

State of Georgia, County of \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

Subscribed and Sworn to before me this  
 \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Applicant Name printed: \_\_\_\_\_

Notary Public  
 My Commission Expires: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTARY SEAL**

**Georgia State Board of Funeral Service**

**EMBALMER / FUNERAL DIRECTOR LICENSE BY ENDORSEMENT OR RECIPROCITY**

**Information Regarding Original Licensure**

State in which you were originally licensed by examination\*: \_\_\_\_\_

Embalmer License Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Funeral Director License Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Does this state issue one license that allows you to perform both embalming and funeral directing services? YES NO

Education - I have the following: High School Diploma  GED  College Degree

Length of Mortuary Course: \_\_\_\_\_ Length of Apprenticeship: \_\_\_\_\_

Type of State Examination(s) required:  Embalmer – Minimum Passing Score: \_\_\_\_\_

Funeral Director – Minimum Passing Score: \_\_\_\_\_

**\*You must submit an original notarized letter of certification for the license(s) listed above from the licensing agency of the state in which you were licensed by examination.**

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia State Board of Funeral Service. (O.C.G.A. § 43-1-19 and O.C.G.A. § 16-10-71.)

State of Georgia, County of \_\_\_\_\_

Subscribed and Sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

Applicant Name printed: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTARY SEAL**

**GEORGIA STATE BOARD OF FUNERAL SERVICE**

**EMBALMER AND FUNERAL DIRECTOR LICENSE BY ENDORSEMENT OR RECIPROCITY**

**AFFIDAVIT**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Funeral Service, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1 (mark either 1 or 2 below as it applies to your status):

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. You must submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other approved document.

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address:

<http://sos.ga.gov/admin/files/svd2013.pdf>

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached at least one Secure and Verifiable Document, as required by O.C.G.A. § 50-36-2, with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

State of Georgia, County of \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

NOTARY SEAL (legible ink seal required; If using embossed seal, apply shading to make seal legible when digitized.)

**Georgia State Board of Funeral Service**

237 Coliseum Dr., Macon, GA 31217

478-207-2440 / fax 866-888-8026

[www.sos.ga.gov](http://www.sos.ga.gov)

**Certificate of Embalming Education**

*(This form is to be completed by the school and mailed to the applicant in a sealed envelope.)*

Educational Institution: \_\_\_\_\_  
Name of Mortuary School / College

Address: Street, City, State, Zip

Applicant's Name: \_\_\_\_\_

Date 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

**Forward the completed Certificate of Embalming Education directly to the applicant in a sealed envelope.**

Georgia Bureau of Investigation  
Georgia Crime Information Center

CONSENT FORM

I hereby authorize \_\_\_\_\_ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Address, City, State, County, Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice applicant's Privacy Rights and the Privacy Act Statement (title 28 United States Code § 534).

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

\_\_\_\_\_  
Date

-----  
Special employment provisions (check if applicable):

Employment with mentally disabled (Purpose code "M")

Employment with elder care (Purpose code "N")

Employment with children (Purpose code "W")

**One of the following must be checked:**

This authorization is valid for 90 / 180 / \_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

## Attachment A

### NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Attachment B

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.