

OWNERSHIP/RELATIONSHIP INFORMATION

IF THE BUSINESS IS A SOLE PROPRIETORSHIP

OWNER NAME: _____

RESIDENCE: _____

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE

TELEPHONE _____

IF THE BUSINESS IS A CORPORATION OR A LIMITED LIABILITY COMPANY

DATE REGISTERED WITH GEORGIA SECRETARY OF STATE: _____

LEGAL BUSINESS NAME: _____

LIST PRINCIPAL OFFICERS (ATTACH ADDITIONAL SHEETS IF NECESSARY)

NAME: _____ TITLE: _____

RESIDENCE: _____

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE

TELEPHONE _____

NAME: _____ TITLE: _____

RESIDENCE: _____

STREET (NOT A P.O. BOX) CITY STATE ZIP CODE

TELEPHONE _____

NAME: _____ TITLE: _____

RESIDENCE: _____

STREET (NOT A P.O. BOX) CITY STATE ZIP CODE

TELEPHONE _____

IF THE BUSINESS IS A PARTNERSHIP

LIST PARTNERS (ATTACH ADDITIONAL SHEETS IF NECESSARY)

NAME: _____ TITLE: _____

RESIDENCE: _____

STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

NAME: _____ TITLE: _____

RESIDENCE: _____

STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

OTHER EMBALMERS AND FUNERAL DIRECTORS (ALL EMBALMERS AND FUNERAL DIRECTORS WHO OWN OR ARE EMPLOYED BY THE ESTABLISHMENT OR ARE OTHERWISE CONNECTED WITH THE ESTABLISHMENT MUST BE LISTED BELOW):

NAME: _____ DIRECTOR LICENSE: FD _____ EMBALMER LICENSE: EMB _____

NAME: _____ DIRECTOR LICENSE: FD _____ EMBALMER LICENSE: EMB _____

NAME: _____ DIRECTOR LICENSE: FD _____ EMBALMER LICENSE: EMB _____

NAME: _____ DIRECTOR LICENSE: FD _____ EMBALMER LICENSE: EMB _____

NAME: _____ DIRECTOR LICENSE: FD _____ EMBALMER LICENSE: EMB _____

NAME: _____ DIRECTOR LICENSE: FD _____ EMBALMER LICENSE: EMB _____

NAME: _____ DIRECTOR LICENSE: FD _____ EMBALMER LICENSE: EMB _____

LIST ADDITIONAL EMBALMERS AND FUNERAL DIRECTORS ON A SEPARATE SHEET

APPRENTICESHIP INFORMATION

NOTE:

- A FUNERAL ESTABLISHMENT MUST BE CERTIFIED AS A BOARD-APPROVED ESTABLISHMENT TO SERVE AS AN APPRENTICESHIP SITE. ESTABLISHMENTS WHICH HAVE BEEN IN BUSINESS FOR LESS THAN FIVE (5) YEARS OR AVERAGED LESS THAN THIRTY (30) EMBALMED BODIES PER YEAR MUST HAVE EMBALMED AT LEAST 150 BODIES BEFORE BEING REVIEWED FOR APPROVAL BY THE BOARD.
- ESTABLISHMENTS WHICH HAVE BEEN IN BUSINESS FOR MORE THAN FIVE (5) YEARS MUST CERTIFY THAT AN AVERAGE OF AT LEAST THIRTY (30) BODIES PER YEAR HAVE BEEN EMBALMED OVER THE PRECEDING FIVE (5) YEARS. FURTHER, THE ESTABLISHMENTS MUST HAVE HAD NO VIOLATIONS IN THEIR PAST THREE (3) INSPECTIONS TO RECEIVE BOARD APPROVAL AS AN APPRENTICESHIP SITE.

APPRENTICES

NAME: _____ REGISTRATION NUMBER: _____

BACKGROUND INFORMATION

___ YES	___ NO	HAVE ANY OF THE OWNERS, OFFICERS, CORPORATE DIRECTORS, EMBALMERS, OR FUNERAL DIRECTORS OF THE FUNERAL ESTABLISHMENT EVER BEEN CONVICTED, SENTENCED, PLED GUILTY, PLED NOLO CONTENDERE, OR BEEN GIVEN FIRST OFFENDER STATUS TO A FELONY OR A MISDEMEANOR, OTHER THAN A MINOR TRAFFIC VIOLATION, OR HAD A DISCIPLINARY ACTION IMPOSED ON THEM BY A LICENSING AUTHORITY IN GEORGIA OR ANY OTHER STATE? (DWI AND DUI ARE NOT MINOR TRAFFIC VIOLATIONS) IF "YES", ATTACH A WRITTEN EXPLANATION AND DOCUMENTATION.
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PERSON RESPONSIBLE FOR COMPLETION OF THIS APPLICATION: _____

RELATIONSHIP TO APPLICANT: ___ OWNER ___ FDFCC ___ OTHER _____

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT ALL ANSWERS TO THE FOREGOING QUESTIONS AND STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS THERETO ARE TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE.

DATE
SWORN TO AND SUBSCRIBED BEFORE ME THIS
DAY OF _____, _____

SIGNATURE OF APPLICANT

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

NOTARY SEAL

QUESTIONNAIRE FOR FUNERAL DIRECTOR IN FULL & CONTINUOUS CHARGE

Are you a resident of Georgia? If "No", you cannot be FDFCC. () Yes () No

Do you have other employment? If "Yes", also complete Form C () Yes () No

If "Yes", list number of hours you work at the other employment: _____

If "Yes", provide the following information related to the distance from your other employment to the funeral establishment at which you will be the FDFCC:

Distance in Miles: _____ Distance in Time: _____ (Hrs/Min.)

Provide the following information related to the distance from your residence to the funeral establishment at which you will be FDFCC:

Distance in Miles: _____ Distance in Time: _____ (Hrs/Min.)

Are you a trade embalmer? () Yes () No

If Yes, list the approximate number of hours spent per week as a trade embalmer: _____

SECTION I – COMPLETE THIS AFFIDAVIT IF YOU WILL HAVE NO OTHER EMPLOYMENT

OATH: UNDER PENALTY OF PERJURY, I HEREBY SWEAR OR AFFIRM THAT I, THE UNDERSIGNED, AM A RESIDENT OF THE STATE OF GEORGIA; THAT I WILL NOT HAVE OTHER EMPLOYMENT; THAT I WILL NOT ACCEPT OTHER EMPLOYMENT, UNLESS I AM APPROVED BY THE BOARD TO DO SO; AND THAT I WILL, IF APPROVED, MEET ALL THE REQUIREMENTS OF THE FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE.

_____ DATE	_____ SIGNATURE OF FDFCC
SWORN TO AND SUBSCRIBED BEFORE ME THIS	FUNERAL DIRECTOR LICENSE NO.: _____
_____ DAY OF _____, _____	_____ NAME OF ESTABLISHMENT
_____ NOTARY PUBLIC	
MY COMMISSION EXPIRES _____	NOTARY SEAL

SECTION II – COMPLETE THIS AFFIDAVIT IF YOU WILL HAVE OTHER EMPLOYMENT

OATH: UNDER PENALTY OF PERJURY, I HEREBY SWEAR OR AFFIRM THAT I, THE UNDERSIGNED, AM A RESIDENT OF THE STATE OF GEORGIA; THAT I WILL BE THE FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE OF THE ESTABLISHMENT FOR WHICH THIS APPLICATION IS BEING MADE; THAT I WILL NOT BE A FULL-TIME EMPLOYEE OF THE ESTABLISHMENT FOR WHICH THIS APPLICATION IS BEING MADE, BUT I WILL HAVE ADDITIONAL EMPLOYMENT; THAT I WILL, IF APPROVED, BE ACCESSIBLE OR AVAILABLE TO THE ESTABLISHMENT FOR WHICH THIS APPLICATION IS BEING MADE AND THE COMMUNITY; AND THAT I WILL, IF APPROVED, MEET ALL THE REQUIREMENTS OF THE FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE.

_____ DATE	_____ SIGNATURE OF FDFCC
SWORN TO AND SUBSCRIBED BEFORE ME THIS	FUNERAL DIRECTOR LICENSE NO.: _____
_____ DAY OF _____, _____	_____ NAME OF ESTABLISHMENT
_____ NOTARY PUBLIC	
MY COMMISSION EXPIRES _____	NOTARY SEAL

PROFESSIONAL BACKGROUND INFORMATION

The Applicant must answer the following questions. If your answer is “Yes” to any of the following questions, provide explanation, including certified documentation. Such documentation includes, but is not limited to, court dispositions and disciplinary action by a licensing board. Attach additional sheets, if necessary.

- () Yes () No Have you had revoked, suspended, or otherwise sanctioned any license issued to you by any board, agency, or licensing authority in Georgia or any other state?
- () Yes () No Were you denied issuance of or, pursuant to any disciplinary proceedings, refused renewal of a license by any board, agency, or licensing authority in Georgia or any other state?
- () 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, sentenced, entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor (other than a minor traffic violation), or any crime involving moral turpitude? (DWI and DUI are not minor traffic violations.) 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 unable to practice with reasonable skill and safety due to illness or use of alcohol, drugs, narcotics, chemicals or any other types of material, or as a result of any mental or physical condition? **If so, attach notarized physician statement.**
- () Yes () No Have you had any suit filed against you related to the practice of a profession?

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:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document as indicated on pages 7 and 8 of the application.**

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. **Please 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.**

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

PRINT NAME

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

DATE

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

Issued August 1, 2011 by the Office of the Attorney General, Georgia

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 following 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.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United

States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

**FUNERAL DIRECTOR IN FULL AND CONTINUOUS CHARGE
AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION AND EMPLOYMENT LEAVE
FORM C**

PART I – TO BE COMPLETED BY THE APPLICANT

PRINT NAME OF APPLICANT FOR FDFCC: _____

NAME OF OUTSIDE EMPLOYER: _____

I DO HEREBY AUTHORIZE MY EMPLOYER TO PROVIDE INFORMATION OF THE EXTENT TO WHICH I WOULD BE PERMITTED TO LEAVE THE PLACE OF EMPLOYMENT AND GO TO THE FUNERAL ESTABLISHMENT, OR ANY OTHER SITE THAT DEMANDS MY PRESENCE AS A FUNERAL DIRECTOR IN THE OPERATION OF AND CONDUCT OF FUNERAL BUSINESS, AS REQUIRED BY THE RULES OF THE GEORGIA STATE BOARD OF FUNERAL SERVICE.

_____ SIGNATURE OF APPLICANT FOR FDFCC	_____ NAME OF EMPLOYER
_____ DATE	_____ PHYSICAL ADDRESS OF EMPLOYER
	_____ NAME OF SUPERVISOR

**PART II – OUTSIDE EMPLOYER
TO BE COMPLETED BY THE HIGHEST-RANKING PERSON IN THE COMPANY, DEPARTMENT, OR
AGENCY**

() Yes () No Does your company have a leave policy?

() Yes () No Does the leave policy apply to this employee?

() Yes () No Does this employee have permission to leave?

I DO HEREBY CERTIFY THAT THE ABOVE STATEMENTS ACCURATELY DESCRIBE THE EXTENT TO WHICH THE ABOVE-NAMED EMPLOYEE IS PERMITTED TO LEAVE HIS/HER EMPLOYMENT TO GO TO HIS/HER ESTABLISHMENT, OR ANY OTHER SITE THAT DEMANDS HIS/HER PRESENCE AS A FUNERAL DIRECTOR, IN THE OPERATION AND CONDUCT OF THE FUNERAL BUSINESS.

DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS
____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

SIGNATURE OF EMPLOYER

TITLE

COMPANY, DEPARTMENT, OR AGENCY NAME

NOTARY SEAL

**GEORGIA STATE BOARD OF FUNERAL SERVICE
237 COLISEUM DRIVE
MACON, GA 31217
478.207.2440
www.sos.ga.gov/plb/funeral**

**ZONING CERTIFICATION
FORM D**

THIS IS TO CERTIFY THAT

NAME OF FUNERAL ESTABLISHMENT

OWNER(S)

STREET ADDRESS

CITY

STATE

ZIP CODE

**HAS MET ALL ZONING STANDARDS THAT ARE REQUIRED TO OPERATE THE PROPOSED FUNERAL
ESTABLISHMENT IN THE COUNTY/CITY OF**

SIGNATURE OF ZONING COMMISSIONER

PRINT NAME OF ZONING COMMISSIONER

SWORN TO AND SUBSCRIBED BEFORE ME THIS

DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

NOTARY SEAL