

Georgia State Board of Funeral Service

237 Coliseum Dr., Macon, GA 31217

404-424-9966

www.sos.ga.gov/plb/funeral

APPLICANT NAME

(Print clearly)

APPLICANT TRACKING CODE

(Found on receipt page)

If you have previously been registered as an apprentice in Georgia, list the registration number: _____

Establishment Name: _____ License No: _____

Supervising Embalmer: _____ License No: _____

Supervising Director: _____ License No: _____

I agree to act as supervising embalmer for the apprentice whose name appears above. I agree to provide direct supervision when the apprentice whose name appears above is assisting in embalming.

State of Georgia, County of _____

Subscribed and sworn to before me this

_____ day of _____, _____

Notary Public

My Commission expires: _____

Signature of Supervising Embalmer

Print Name

Date

I agree to act as supervising funeral director for the apprentice whose name appears above. I agree to provide direct supervision when the apprentice whose name appears above is assisting families in funeral arrangements.

State of Georgia, County of _____

Subscribed and sworn to before me this

_____ day of _____, _____

Notary Public

My Commission expires: _____

Signature of Supervising Director

Print Name

Date

GEORGIA STATE BOARD OF FUNERAL SERVICE
EMBALMER AND FUNERAL DIRECTOR LICENSE APPLICATION

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 _____

Subscribed and sworn to before me this
_____ day of _____, _____

Notary Public
My Commission expires: _____

Print name of Applicant

Signature of Applicant

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

