

## The Office of Secretary of State Professional Licensing Board

## Georgia State Board of Funeral Service

## **Request to Lift Probation Status**

То:	Georgia Board of Funeral Service	Date:	
From:			
	Licensee Name		
	License #(s)		
	g completed all requirements of my Consent C ion status from my license(s). I understand tha l.		
		Subscribed and sworn before me on this the	
Licens	ee's Signature	day of	, 20
Date		Notary Public	
		My Commission Expires:	
		Seal	