STATE OF NEW HAMPSHIRE
BOARD OF REGISTRATION OF FUNERAL DIRECTORS AND EMBALMERS
121 South Fruit Street
Concord, NH 03301-2412
(603) 271-4648
FAX (603) 271-5056

Webpage: **http://www.nh.gov/funeral/**

APPLICATION PROCESS FOR LICENSING AS AN EMBALMER

☐ YES — I have completed and attached the NH Board of Registration of Funeral Directors and Embalmers Application for Embalmer License.
(Note: You must answer **ALL** questions, and **sign**, and **date** the form.)

☐ YES — I have requested a certified copy of my official transcripts from any post-secondary institution attended be sent to the NH Board of Registration of Funeral Directors and Embalmers.

☐ YES — I have requested a certified copy of my official transcripts from any mortuary school attended be sent to the NH Board of Registration of Funeral Directors and Embalmers.

☐ YES — I have requested a certified copy of the Conference of Funeral Services Examining Boards certification form with a raised seal be sent to the NH Board of Registration of Funeral Directors and Embalmers.

☐ YES — I have requested that verification of my licensure in the State of _____ be sent to the NH Board of Registration of Funeral Directors and Embalmers.

☐ YES — I have attached a certified copy of my birth certificate with raised seal.

☐ YES — I have attached a check or money order for the application fee of $55 *payable to:* ***Treasurer, State of New Hampshire***.

☐ YES — I have completed and attached the NH Department of Safety Criminal Record Release Authorization Form along with a check or money order in the amount of $25 *payable to*: ***State of NH – Criminal Records***.

Print Name:	Signature:	Date:

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APPLICATION FOR EMBALMER

(Please Print or Type)

Name:_____
(Last) (First) (Middle) (Maiden)

Alias:_____
(Last) (First) (Middle) (Maiden)

Physical Address:_____
(Street Number) (City) (County) (State) (Zip)

Mailing Address:_____
(Street Number) (City) (County) (State) (Zip)

E-Mail Address:_____ Telephone #:_____

Date of Birth:_____ Place of Birth:_____

Date of Naturalization:_____ Place of Naturalization:_____

Education

Name of High School Attended:_____

Address:_____ Graduation Date:_____

Name of College Attended:_____

Address:_____ Graduation Date:_____

Type of Diploma/Degree: Diploma ( ) Associate Degree ( ) Baccalaureate ( ) Master's ( )

Name of Mortuary School Attended:_____

Address:_____ Graduation Date:_____

Type of Diploma/Degree: Diploma ( ) Associate Degree ( ) Baccalaureate ( ) Master's ( )

Licensure *(List All States Licensed)*

Original License:_____
(State) (Year Issued) (License No.)

Current License:_____
(State) (Expiration Date) (License No.)

Affidavit of Apprenticeship *(Apprentice Sponsor)*

STATE OF NEW HAMPSHIRE County of _____ss.

I,_____ being duly sworn, do hereby certify: First, that I am a funeral director and/or embalmer located at _____ and that I am actively engaged in embalming in New Hampshire; second, that _____ has been engaged in embalming as an apprentice under my instruction and supervision at least 12 months from _____ to _____ and third, that said apprentice has embalmed or actively assisted at the embalming of not less than 50 dead human bodies under my direction and supervision. License Number _____

_____
(Signature of Sponsor)

Sworn to before me this _____ day of _____, 2_____

_____Notary Public [SEAL]

Affidavit of NH Licensed Funeral Director or Embalmer

STATE OF NEW HAMPSHIRE County of _____ss.

I, _____,of _____

being duly sworn do hereby certify: First, that I am acquainted with the applicant and have known him/her for_____years; Second, that I hold license number _____ to practice funeral directing and/or embalming in the State of New Hampshire ; and third, that I know the applicant personally to be of good professional character and in good professional standing.

_____
(Signature)

Sworn to before me this _____ day of _____, 2_____

_____Notary Public [SEAL]

Affidavit of NH Licensed Funeral Director or Embalmer – Other than Employer

STATE OF NEW HAMPSHIRE County of _____ss.

I, _____,of _____

being duly sworn do hereby certify: First, that I am acquainted with the applicant and have known him/her for_____years; Second, that I hold license number _____ to practice funeral directing and/or embalming in the State of New Hampshire ; and third, that I know the applicant personally to be of good professional character and in good professional standing.

_____
(Signature)

Sworn to before me this _____ day of _____, 2_____

_____Notary Public [SEAL]

Applicant

Have you ever:

a. Had any disciplinary action against a license such as denied, reprimanded, suspended, revoked or probated, or surrendered, educational or practice stipulations, or fines, or a current pending investigation regarding your funeral directing and/or embalming practice? *Yes ( ) No ( )

b. Previously or currently been impaired by or diverted any chemical substance? *Yes ( ) No ( )

c. Been convicted of a felony or criminal act involving moral turpitude, not including traffic offenses? *Yes ( ) No ( )

d. Are you mentally or physically competent to practice funeral directing and/or embalming? Yes ( ) *No ( )

***Note: Please attach a letter of explanation.**

UNDER PENALTY OF PERJURY, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, reprimand, suspension, revocation of a license (RSA 325:32) and may be grounds for conviction of a misdemeanor (RSA 641:3).

Signature:_____ Date:_____

Rev. 05/2014