

# Georgia State Board of Funeral Service

237 Coliseum Dr., Macon, GA 31217

404-424-9966

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

## 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 three (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.

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Information on the requirements for licensure by Endorsement or Reciprocity can be viewed under the Laws, Policies, and Rules tab at [www.sos.ga.gov/plb](http://www.sos.ga.gov/plb). Board Rule 250-5.

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**

**Note: Fees are non-refundable. All applications should include an additional \$10.00 processing fee for paper applications and an additional \$5.00 processing fee for online applications.**

FUNERAL ESTABLISHMENT		CREMATORY ESTABLISHMENT	
Initial Application Fee	\$150.00	Initial Application Fee	\$150.00
Renewal Fee – on or by March 31 of renewal year	\$140.00	Renewal Fee – on or by March 31 of renewal year	\$140.00
Late Renewal Fee – April 1 - April 30 of renewal year	\$390.00	Late Renewal Fee – April 1 - April 30 of renewal year	\$390.00
Licenses not renewed by May 1 of renewal year will be lapsed - requires reinstatement, at Board's discretion		Licenses not renewed by May 1 of renewal year will be lapsed - requires reinstatement, at Board's discretion	
Change of Establishment Name	\$150.00	Change of Establishment Name	\$150.00
Change of Establishment Location/Address	\$150.00	Change of Establishment Location/Address	\$150.00
Change of Funeral Director In Full And Continuous Charge	\$50.00	Change of Funeral Director In Full And Continuous Charge	\$50.00
Change of Ownership	No Fee	Change of Ownership	No Fee
Re-Inspection, If Initial Inspection Is Failed	\$100.00	Re-Inspection, If Initial Inspection Is Failed	\$100.00
FUNERAL DIRECTOR		EMBALMER	
Initial Application Fee	\$50.00	Initial Application Fee	\$ 50.00
Initial Application Fee for License by Endorsement or Reciprocity - must hold a current/valid Georgia Embalmer License	\$175.00	Initial Application Fee for License By Endorsement or Reciprocity	\$175.00
Renewal – on or by March 31 of renewal year	\$100.00	Renewal - on or by March 31 of renewal year	\$100.00
Late Renewal – April 1 - April 30 of renewal year	\$200.00	Late Renewal – April 1 - April 30 of renewal year	\$200.00
Reinstatement –At Board's Discretion, After April 30 of renewal year	\$300.00	Reinstatement –At Board's Discretion, After April 30 of renewal year	\$300.00
EMBALMER + FUNERAL DIRECTOR		APPRENTICESHIP	
Initial Application Fee for <b>BOTH</b> License types by Endorsement or Reciprocity – does not include GA Law & Rules Exam Fee	\$350.00	Initial Registration Fee	\$40.00
		Renewal – on or by March 31 of renewal year	\$70.00
INACTIVE STATUS / REACTIVATION		Late Renewal –April 1 - April 30 of renewal year	\$140.00
Inactive Status Application Fee, per license type	\$ 35.00	Reinstatement required after May 1 of renewal year	\$180.00
Reactivation Fee, per license type	\$100.00	Change of Apprenticeship Location	\$ 20.00
EDUCATION PROVIDERS		Change of Supervising Embalmer and/or Funeral Director	\$ 20.00
Application for Approved Continuing Education Provider (submit at least 1 completed CE course for board review)	\$250.00	Verification of Apprenticeship Hours	\$ 25.00
EXAMINATION INFO		OTHER FEES	
Georgia Laws & Rules Exam is given by PSI; 800-733-9267; <a href="http://www.psiexams.com">www.psiexams.com</a> National Exam – contact The Conference at 479-442-7076; <a href="http://www.theconferenceonline.org">www.theconferenceonline.org</a>		License Verification Letter (order online)	\$ 35.00
		Duplicate License (blue card)/Wall Certificate (may order thru website)	\$ 25.00
		Decorative Wall Certificate, per license type	\$ 50.00

**NOTE: Check or money order 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**

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C

Date Entered \_\_\_\_\_

Receipt # \_\_\_\_\_

Submitted \$ \_\_\_\_\_

Date Issued \_\_\_\_\_

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

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

Initial Embalmer & Funeral Director Licenses - \$350.00 fee + \$10 processing fee\*

Initial Embalmer License Only - \$175.00 fee + \$10 processing fee \*

Initial Funeral Director License Only - \$175.00 + \$10 processing fee \*  
(must have current active Embalmer License - # \_\_\_\_\_)

*\*Fees are non-refundable*



**Please check this box if you are a military spouse or a transitioning service member of the United States armed forces, including the National Guard.**

**Applicant Name to appear on License:**

LAST

FIRST

MIDDLE

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

\_\_\_\_-\_\_\_\_-\_\_\_\_

**Date of Birth:**

MM-DD-YYYY

<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 - \_\_\_\_\_  
STATE ZIP APT #

**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 - \_\_\_\_\_  
STATE ZIP APT #

**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 showing court dispositions, board disciplinary action reports, etc., as well as a personal, detailed letter of explanation regarding each incident.

Have you ever been arrested?  <i>Note: The answer to this question is "Yes" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled and completed probation under First Offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.</i>	Yes	No
Do you now hold, or have you in the past held, a funeral director or embalmer license in any state? <b>If "Yes," submit an original notarized letter from the state(s) of licensure.</b>	Yes	No
Have you been <b>active</b> in the practice of funeral service as an embalmer and/or funeral director <b>within the past three years immediately prior to the filing of this application?</b>	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
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? <b>If yes,</b> attach a notarized physician's statement.	Yes	No
Have you had any suit filed against you related to the practice of a profession?	Yes	No

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

Date:

My Commission Expires: \_\_\_\_\_

**NOTARY SEAL**

**Georgia State Board of Funeral Service**

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

**Original Licensure Information**

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 1 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.)

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**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(s) 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 **The Georgia State Board of Funeral Service** 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).

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")

**Select one of the following (required):**

This authorization is valid for \_\_90 days / \_\_180 days / \_\_\_\_ 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.

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

\_\_\_\_\_  
Date