*Mail a check or money order to 3010 Lakeland Cove, Suite W, Flowood, MS 39232

MISSISSIPPI STATE BOARD OF FUNERAL SERVICE

Application to Practice Funeral Directing

Name: Mr/Mrs	s/Ms			Home Phone	
	First	Middle	Last		
Address:					
# & Street			P.O. Box		
City	State	Cou	unty	Zip	
Date of Birth:_	/		S.S.#		
Cell Phone:()			Email:		
	been convicted of a fel- e charge(s), date(s), place			es, attach court documents giving complete ition.	
	held a Funeral Service, type, and number			ing License in any State? Yes No If	
Is it in good sta	anding? Yes No	If yes, give expir	ation date		
If No, give full					
I am presently	employed full time at_		licensed funera	l establishment	
Address					
	# & Street		P.O. Box		
City	State	Сот	unty	Zip	
	Applicant's Signature				
statements whi		are true and correc	t to the best of l	on, personally known to me, signed the has read the above application and that the his/her knowledge and belief. Sworn to and2013.	
		N . D.H.			
My commissio	on expires:		Notary Pı –	IDIIC	