State of California Department of Consumer Affairs

CEMETERY AND FUNERAL BUREAU
P. O. Box 989003
WEST SACRAMENTO, CA 95798-9003
(916) 574-7870 FAX (916) 574-8620

APPLICATION FOR EMBALMER EXAMINATION AND LICENSURE
APPLICATION FEE $150

License Number Issued
EMB

SECTION A: APPLICANT INFORMATION

Last Name	First Name		Middle
Residence Address	City	State	Zip Code
Mailing Address (If different from above)	City	State	Zip Code

Residence Telephone Number ( )	Daytime Telephone Number ( )	Date of Birth	Social Security Number
E-mail Address (Not required)		Former Name (If applicable)	

SECTION B: EDUCATION
(To be elgible to take the emblamers exam the applicant must supply proof of educational requirements.)

Have you requested/submitted *"Official Transcripts"* from your high school and college be sent directly to the Bureau?

Yes ☐ No ☐ If no, you will not be issued a license until the Bureau receives *"Official Transcripts"* and all other requirements for licensure have been met.

Current Mortuary Science Students have your school complete Section G to be to be scheduled for the exam in lieu of college transcripts. Prior to licensure, an "**official**" copy of your Mortuary Science Degree transcripts must be mailed directly to the Bureau.

"Official Transcripts" are transcripts sent directly from the educational institution, in a sealed envelope, to the Cemetery and Funeral Bureau at 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834.

SECTION C: APPRENTICE INFORMATION

Are you serving an apprenticeship in California? No ☐ Yes ☐ If yes, is it? Fulltime ☐ Student Status ☐

California Apprentice Certificate Number? California Apprenticeship completed? No ☐ Yes ☐

SECTION D: OUT OF STATE EMBALMERS

Are you licensed, or have you been licensed, as an embalmer in another state(s)? No ☐ Yes ☐

If yes, have the certification(s) completed on page 3 and sent to the Bureau.

Have you practiced as a licensed embalmer a minimum of three of the last seven years? No ☐ Yes ☐

If yes, have the certification(s) completed on page 4 and sent to the Bureau.

SECTION E: EXAMINATION INFORMATION

Have you previously taken the examination you are applying for? No ☐ Yes ☐

If yes, indicate previous test date(s) _____

Are you applying to take more than one exam on the same date? No ☐ Yes ☐

If yes, what other exam have you applied to take? _____

FOR BUREAU USE ONLY

Date Cashiered	Amount Cashiered	ATS Number	Receipt Number	
SID Number/On File With	Official Transcripts Received	Enforcement Check	Exam Results	Date Licensed Issued

SECTION F: BACKGROUND INFORMATION

Has the Cemetery and Funeral Bureau ever issued you a personal license? No ☐ Yes ☐

If yes, provide license type(s), number(s) and issue date(s) _____

Have you previously submitted fingerprint cards or a copy of a Request for Live Scan Service to the Cemetery and Funeral Bureau? No ☐ Yes ☐

If yes, for what license type, and the approximate date. _____

If no, submit a copy of your completed Request for Live Scan Service form, along with this application, verifying that fingerprints have been scanned and all applicable fees have been paid.

Have you ever been convicted of, or pled no contest to, a violation of any law of the United States, any state or local jurisdiction, or any foreign country? No ☐ Yes ☐

If yes, attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received. Also include copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation.

You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under Penal Code Section 1000 or 1203.4 (Traffic violations of $500.00 or less need not be reported).

Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country? No ☐ Yes ☐

If yes, attach an explanation that includes the license type, the action taken, by what state, and the date. Also include a copy of the administrative action, and if applicable, copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation.

SECTION G: APPLICANT CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature of Applicant	**Date**

Note: The information solicited on this form is required pursuant to Business and Professions Code Section 7642 and 7643. All items in this application are mandatory; none are voluntary, unless indicated. Failure to provide any of the requested information will result in the application being considered incomplete (incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies). All information provided will be used to determine qualification for licensure, per the Business and Professions Code that authorizes the collection of this information. Per California Civil Code Section 1798.17 (Information Practice Act), the Chief of the Cemetery and Funeral Bureau is responsible for maintaining information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code. Requests for information may be addressed to the custodian of records: Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834, (916) 574-7870.

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c)) authorizes the collection of your Social Security Number (SSN). The disclosure of your SSN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a $100.00 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.

SECTION H: CURRENT EMBALMING COLLEGE STUDENTS

Certification of Embalming College

This is to certify that _____ is expected to
(name of applicant)

successfully complete a course in Mortuary Science at _____
(name of embalming college or school)

which includes the subjects specified in Section 7646 of the Business and Professions Code of the State of California. The

Expected class completion date is _____.
(month/day/year)

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Seal

_____ Signature of School Official

_____ Date signed and sealed

_____ Print Name

_____ Title

SECTION I: OUT OF STATE LICENSEES

Certification of Licensure as an Embalmer
(To be completed by a State official)

According to the records maintained by the _____
(Name of Licensing Agency)

of the State of _____, Embalmers License No. _____

was issued to _____ on _____
(Name of Applicant) (Month, Day and Year of Issuance)

Expiration Date _____ Examination Score _____ Length of Apprenticeship _____

Has this license been in full force since date of issue? ☐ Yes ☐ No
If no, give time period(s) during which licensure was not in effect:

_____

Has this license ever been suspended or revoked? If yes, please send a copy of the record of disciplinary action directly to the California Cemetery and Funeral Bureau under separate cover. ☐ Yes ☐ No

I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ Signature of State Official

_____ Date

_____ Print Name

_____ Title

SECTION J: OUT OF-STATE LICENSEES

Proof of out-of-state Practice as Licensed Embalmer

(To be completed by former employer)

This is to certify that _____
(Name of applicant)

is/was licensed as an embalmer in the State of _____ and has practiced as

an embalmer from _____ to _____ at _____
(month/day/year) (month/day/year) (Name of Firm)

located in _____.
(City and State)

To the best of my knowledge, his/her license has never been suspended or revoked.

As an ☐ Employer ☐ Associate of the above named individual, I have personal knowledge of the foregoing information.

I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ _____
Signature Title

_____ _____
Print Name Name of Firm

Proof of out-of-state Practice as Licensed Embalmer

(To be completed by former employer)

This is to certify that _____
(Name of applicant)

is/was licensed as an embalmer in the State of _____ and has practiced as

an embalmer from _____ to _____ at _____
(month/day/year) (month/day/year) (Name of Firm)

located in _____.
(City and State)

To the best of my knowledge, his/her license has never been suspended or revoked.

As an ☐ Employer ☐ Associate of the above named individual, I have personal knowledge of the foregoing information.

I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ _____
Signature Title

_____ _____
Print Name Name of Firm

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INFORMATION AND INSTRUCTIONS FOR EMBALMER EXAMINATION AND LICENSE

Business and Professions Code Section 7643 defines the requirements for licensure as an embalmer as follows:

In order to qualify for a license as an **embalmer**, the applicant shall comply with the following requirements:

(a) Be over 18 years of age;

(b) Not have committed acts or crimes constituting grounds for denial of licensure under Business and Professions Code (BPC) Section 480;

(c) Furnish proof showing completion of a high school course or instead he or she may furnish the bureau with evidence that he or she has been licensed and has practiced as an embalmer for a minimum of three years within the seven years preceding his or her application in any other state or country and that the license has never been suspended or revoked for unethical conduct;

(d) Have completed at least two years of apprenticeship under an embalmer licensed and engaged in practice as an embalmer in this state in a funeral establishment which shall have been approved for apprentices by the bureau and while so apprenticed shall have assisted in embalming not fewer than 100 human remains; provided, however, that a person who has been licensed and has practiced as an embalmer for a minimum of three years within the seven years preceding his or her application in any other state or country and whose license has never been suspended or revoked for unethical conduct shall not be required to serve any apprenticeship in this state.

(e) Have successfully completed a course of instruction of not less than one academic year in an embalming school approved by the Bureau and accredited by the American Board of Funeral Service Education.

APPLICATION CHECKLIST

☐ Have you completed and signed your application for submission with a $150.00 processing fee?

☐ Have you requested an "**official"** high school transcript or your high school equivalency certificate be sent directly to the Bureau? (Not required for out of state applicants see additional requirements below.)

☐ Have you requested an "**official"** transcript from an embalming college, accredited by the American Board of Funeral Service Education, be sent directly to the Bureau? **OR** have you submitted page 3 of the application with the Certification of Embalming College completed by a school official? Prior to licensure, an "**official**" copy of your Mortuary Science Degree transcript must be mailed directly to the Bureau.

☐ Have you included your completed Request for Live Scan Service or provided information when your fingerprints were previously submitted to the Bureau? For more information regarding Live Scan visit the Bureau's web site.

*"**Official Transcripts**" are transcripts sent directly from the educational institution, in a sealed envelope, to the Cemetery and Funeral Bureau at 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834.*

OUT OF STATE APPLICANTS:

☐ Have you had Section I completed? If more than one certification is required, copies of the certification form may be made for completion by any additional state(s) where you hold embalmer licenses.

☐ Have you had Section J of the application completed furnishing proof of a minimum of three years, within the preceding seven year period, practice as a licensed embalmer? The certifications are to be completed by former employers or associates who have personal knowledge and can attest to your practice as a licensed embalmer. The exact dates of employment practice are essential. The certification may be copied if additional forms are needed.

Mail your completed application with the appropriate processing fee payable to the Cemetery and Funeral Bureau to:
P.O. Box 989003, West Sacramento, CA 95798-9003 or Priority Mail: 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834.