



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