



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

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