



OKLAHOMA Funeral Board

APPLICATION FOR ORIGINAL FUNERAL DIRECTOR ASSISTANT LICENSE

I hereby make application for the purpose of seeking licensure as a Funeral Director Assistant in State of Oklahoma.

This application must be typed:

Full Legal Name _____ Sex _____
Last, First Middle

Mailing Address: _____
Street city state zip

Date of Birth _____ SS# _____

Cell Phone # (____) _____ Work Phone # (____) _____

Email Address _____

1. College or University attended to meet the 60 semester hour requirement:

* Please have official transcripts attached to application or forwarded to Oklahoma Funeral Board at info@funeral.ok.gov.

2. Have you completed an apprenticeship in Oklahoma? _____
If so, Apprentice number _____.

3. Are you currently licensed as a Funeral Director or Embalmer in any other State? _____ If yes, please list states you are licensed in: _____.

4. Have you been convicted of a felony? _____ If yes please attach a letter explaining the issue.



5. Have you been convicted of a misdemeanor related to the Funeral Service Licensing Act, the prepaid benefits act, funeral service, or pertaining to the custody, care or disposal of dead human remains, unfair trade practices or fraud? ____ If yes, please attach a letter explaining the issue.

6. Do you have a disability that requires a special accommodation for you to take the Law Examination? _____

If yes, state the nature of the disability and type of accommodation requested:

7. Fees: NO FEES PAID TO THE BOARD SHALL BE REFUNDABLE.

_____ Funeral Director Assistant \$150

_____ Oklahoma Law \$100.00

I certify the information contained on this application is true and correct.

Date: _____ Signature: _____

NOTARY PUBLIC:

Subscribed and Sworn to before me this _____ day of _____, 20____

Signature _____

SEAL