

STATE OF OKLAHOMA FUNERAL DIRECTOR ASSISTANT
EMPLOYMENT AFFIDAVIT

I, _____ of _____
Name Street Address

_____ in the State of Oklahoma, being first duty
City State Zip

Sworn, state that I am _____ years of age and that I am applying for a Funeral Director Assistant
Registration in the State of Oklahoma, and that I am now employed by _____
Name of Funeral Home

in the City of _____ in the State of Oklahoma.
City of Funeral Home

I/we certify

1. that the applicant named herein is an employee of the establishment listed.

2. have read, understand, and will abide by the Funeral Service Licensing Act and Rules of the
Oklahoma Funeral Board

3. Assistant will be served under the licensee whose signatures appear on this application.

4. have read the application and the matters and things therein are true and correct.

Signed _____
Applicant

Signed _____ FD# _____ EM# _____
Funeral Director-in-Charge

Subscribed and sworn to or affirmed before me this day of _____ 20 __, by _____
[Applicant's Full Name]

My Commission Expires: _____

SEAL

Commission Number: _____
NOTARY