

NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 Wade Ave., Suite 108
Raleigh, NC 27605

PHONE (919) 733-9380
FAX (919)-733-8271

COMPLETE ALL INFORMATION ON **FRONT** AND **BACK** OF THIS FORM

2012 APPLICATION FOR RENEWAL OF COURTESY CARD

Renewal Fee \$50.00

I hereby apply to the North Carolina Board of Funeral Service for Renewal of Courtesy Card number _____ for [] funeral directing, [] embalming, [] funeral service.

Name _____ Date of Birth _____

Address _____
Street Address _____ PO Box _____
City _____ County _____
State _____ Zip _____

Telephone # _____

Firm Name _____

Address _____
Street Address _____ PO Box _____
City _____ County _____
State _____ Zip _____

Telephone # _____ Fax # _____

Have you been convicted of any crime, either felony or misdemeanor (other than traffic convictions), since you were licensed?

No _____ Yes _____ Explain on separate sheet if you answered yes.

Have you ever been denied a license to engage in any occupation or profession in any state, the District of Columbia or any foreign country or had such license suspended, revoked or placed on probation?

No _____ Yes _____

If yes, attach a statement giving complete details as to reason for denial or the date, details and location of the violation that led to action against your license, the terms of any action by the licensing authority and if the terms have been satisfactorily met.

Your present Funeral Director's License # _____ Expiration Date _____

Your present Embalmer's License # _____ Expiration Date _____

Your present Funeral Service License # _____ Expiration Date _____

(OVER)

It is agreed that if Courtesy Card #_____ is renewed by the North Carolina Board of Funeral Service, I will strictly observe the provisions of the laws of the State of North Carolina, and the Rules of the North Carolina Board of Funeral Service, and under this card I will not establish or maintain a funeral establishment, advertise the funeral service profession or in any manner engage generally in the funeral service profession or any of the components thereof in North Carolina. If the license under which I am practicing becomes invalid this year, this Courtesy Card will no longer be valid.

Signature of Applicant

STATE OF _____
COUNTY OF _____

Sworn to and subscribed before me by _____ this the _____
Name of Applicant
day of _____, 20 ____.

Notary Public – Official Signature

SEAL

Notary Public – Printed Name

My commission expires: _____