



Mississippi State Board of Funeral Service



Tate Reeves
Governor

Della Smith
Executive Director

Type or Print in Ink

No Fee

Application to update Preceptor (Please check the update you are requesting)

| | |
|---|---|
| <input type="checkbox"/> Change Preceptor | <input type="checkbox"/> Add additional preceptor/Funeral Establishment |
|---|---|

| | | | |
|--------------|--|--------------------|--|
| Trainee Name | | Resident Trainee # | |
|--------------|--|--------------------|--|

| | | | |
|--------------------------------------|--|-----------|--|
| Primary Preceptor/Supervisor Name | | License # | |
| Name of Establishment | | License # | |
| Street Address of Establishment | | City | |
| Additional Preceptor/Supervisor Name | | License # | |
| 2 nd Establishment Name | | License # | |
| Street Address of Establishment | | City | |

Signature of Trainee: _____

Date: _____

Affidavit of Primary Funeral Directing or Funeral Service Licensee

I, _____, duly licensed for the practice of funeral directing or
Preceptor Name FD or FS License #

funeral service by the Mississippi State Board of Funeral Service hereby certify that the foregoing statements are true and correct and should the above-named resident trainee discontinue his/her traineeship under my personal supervision, I will file with the Secretary of the Board an affidavit showing the length of time served under me.

Signature of License FD/FS License #

MISSISSIPPI County of _____

The above-named person, personally known to me, signed the application in my presence and being duly sworn, states that he/she read the above application and that the statements which he/she made therein are true and correct to the best of his/her knowledge and belief. Sworn to and subscribed before me this the _____ day of _____, 20____.

Notary Public: _____

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