

Type or Print in Ink

**\$100.00 Application Fee**

\*Mail a check or money order to 3010 Lakeland Cove, Suite W, Flowood, MS 39232

**MISSISSIPPI STATE BOARD OF FUNERAL SERVICE**  
Certified Crematory Operator Application

**\*\*\*Please attach a copy of Certification Certificate\*\*\***

Name: Mr/Mrs/Ms \_\_\_\_\_ Home Phone \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
# & Street P.O. Box

City State County Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.# \_\_\_\_\_

Cell Phone:(\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been convicted of a felony? Yes\_\_\_ No\_\_\_ If answered yes, attach court documents giving complete details as to the charge(s), date(s), place of trial, sentence, or other disposition.

Name of Certification Course: \_\_\_\_\_

Date course completed: \_\_\_\_\_

I am presently employed at \_\_\_\_\_  
Name of licensed crematory Phone #

Address \_\_\_\_\_  
# & Street P.O. Box

City State County Zip

Dated: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Mississippi

County of \_\_\_\_\_ The above named person, personally known to me, signed the application in my presence and being duly sworn, he/she states he/she has 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 \_\_\_\_\_ day of \_\_\_\_\_ 2013.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_