



Mississippi State Board of Funeral Service



Tate Reeves
Governor

Della Smith
Executive Director

FUNERAL ESTABLISHMENT RENEWAL NOTICE

Please complete and return all sections back to the Board Office as part of the license renewal

If you renew online, you do not need to send in the form

Amount Due: \$375.00 *Renewal Fee includes \$75 Inspection Fee*

After December 31st: \$975

\$375 renewal fee

\$300 late fee

\$300 reinstatement fee

Establishment Name:		
Establishment License #:	Licensee In Charge:	License Number (FD or FS):
Address:		

MS Code 1972 Annotated 73-11-55 (5) If the renewal fee is not paid on or postmarked by the due date, the license shall by operation of law automatically expire and become void without further action of the board.

1. Renewal can be completed online through our online payment system @ <https://www.msbfms.gov> by either credit card or electronic check. Full instructions for the online renewal process are provided on the website by selecting Forms then Renewal Instructions. If you have never signed into your online account the temporary password is 123abc. You will need to email or call the office if your password needs to be reset. Please note that if you use the online renewal process there will be a minimal fee or,

2. By mail, return a check or money order in the amount of \$375.00 with this renewal notice. The renewal must be received in our office or post marked by December 31st to avoid a penalty.

* Mailing address change ONLY. If there has been a Change in Ownership, Location, or Name a new application for a new license is required.

Mailing Address:			
Main Phone:		Emergency Phone:	
Email:			

Signature of Licensee in Charge or Owner: _____

3010 Lakeland Cove, Suite W
Flowood, MS 39232
Phone (601) 932-1973
Fax (601) 932-1901
Website: <https://www.msbfms.gov>
email: funeral_board@msbfms.state.ms.us



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Please complete and return this section back to the Board Office as part of the license renewal
Only complete one section (A, B, or C)

Establishment Name:		License Number:	
A. Individual			
Name		Address	
B. Partnership (list name, address, and their interest in the partnership)			
Name	Address	Percent of Interest *Must total 100%	
C. Corporation (list below all members/managers of Corporation-If the owner is another business entity attach a list of shareholders)			
Name	Address	Title	Percent of Interest *Must total 100%

Signature of Licensee in Charge or Owner: _____

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