



STATE OF MISSISSIPPI
MISSISSIPPI STATE BOARD OF FUNERAL SERVICE
3010 LAKELAND COVE, SUITE W
FLOWOOD, MS 39232
Office: (601) 932-1973 FAX: (601) 932-1901
msbfs.ms.gov

CERTIFICATION OF LICENSURE IN GOOD STANDING

TO THE LICENSING AUTHORITY: The person identified below is applying for a professional license in the State of Mississippi and desires to establish with Mississippi that they are currently licensed in good standing in your state. Thank you for your assistance.

Section 1. Applicant Information			
First Name:	Middle Initial:	Last Name:	
Date of Birth:		Social Security Number:	
Section 2A. Licensure Information by Responding State			
This will certify that the Applicant is currently licensed in good standing in this state in the following category(s) (please circle applicable category(s) and provide requested information):			
<i>CATEGORY (circle applicable)</i>	<i>Date licensed</i>	<i>Date Expires</i>	<i>Exam required? (circle applicable)</i>
Embalmer	/ /	/ /	Yes No
Funeral Director	/ /	/ /	Yes No
Section 2B. Exam Information from Responding State			
The records of this State indicate that the Applicant has taken the exam(s) indicated below and achieved the scores indicated (please circle applicable).			
<i>Exam (circle applicable items)</i>	<i>Score (% correct answer)</i>	<i>Month & year exam taken</i>	
An examination administered by the Board and prepared by the Conference.		/	
Science Section of the National Board Exam, administered by the Conference of Funeral Service Examining Boards.		/	
Arts Section of the National Board Exam, administered by the Conference of Funeral Service Examining Boards.		/	
An examination prepared and administered by this state.		/	
Section 3. Disciplinary Action			
Has <input type="checkbox"/> Has not <input type="checkbox"/> taken disciplinary action against the license referred to in this Certification. Details of Disciplinary Action (attach additional sheets):			
Section 4. Signature of Responding State Licensing Authority Staff Member			
Signature _____		Print Name _____	Date _____
State: _____		Phone Number _____	SEAL