



## Mississippi State Board of Funeral Service



This application form is used by persons seeking licensure in Mississippi as a Funeral Service or Funeral Director Licensee and who is currently already licensed in good standing in another state. Application by Reciprocity allows an applicant to provide evidence satisfactory to the Board that he or she holds a valid, unrevoked, and unexpired license as a funeral service practitioner or funeral director in another state having substantially similar requirements to the requirements for licensure as either an embalmer or funeral director in this state.

### **Application For Reciprocity**

- 1) The application must be completed in full, either printed in black ink or typewritten, except where signature is required. The Affidavit of Applicant statement must be notarized.
- 2) The application and appropriate fee of \$200.00, must be returned to the address below. The application fee is **NON-REFUNDABLE**.
- 3) Submit passing scores from the National Conference. (sent directly to the Board from The Conference) The National Conference's website is [www.theconferenceonline.org](http://www.theconferenceonline.org).
- 4) Submit transcript from Mortuary School or College (sent directly to the Board from the school or college) This is required for Funeral Service license only.
- 5) Submit a license certification from each state you hold or have held a license in. (Page 3 of application form).
- 6) Once an application is deemed complete a license fee will be required. This fee is prorated and a letter will be sent advising of the amount due.
  - a. Licenses renew June 30th, bi-annually on the even years.

**Mail to: 3010 Lakeland Cove, Suite W,  
Flowood MS 39232**

**Make check or money order payable to Mississippi Board of Funeral Service**

Should you have any questions, please call board staff @ 601-932-1973.

Web Page: [www.msbfs.ms.gov](http://www.msbfs.ms.gov)  
Email: [funeral\\_board@msbfs.state.ms.us](mailto:funeral_board@msbfs.state.ms.us)

*Pursuant to the provisions of the Universal Recognition of Occupational Licenses Act, Mississippi shall recognize occupational licenses obtained from other states.*

MISSISSIPPI STATE BOARD OF FUNERAL SERVICE

Application to apply for license by Reciprocity

**Non-Refundable Application Fee \$200.00**

CHECK THE TYPE OF LICENSE APPLYING FOR: \_\_\_\_\_ Funeral Director \_\_\_\_\_ Funeral Service (Embalmer & Funeral Director)

**PART 1 APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Name to appear on License: **(Print)** \_\_\_\_\_

SS# : \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_

Home Telephone:(\_\_\_\_) \_\_\_\_\_ Street or P O Box City State Zip  
Cell Telephone:(\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

If you have secured employment in MS, list employer: \_\_\_\_\_

**PART 2 LICENSE INFORMATION**

Original State of Licensure: \_\_\_\_\_ Funeral Director # \_\_\_\_\_ Embalmer # \_\_\_\_\_

Was an apprenticeship/internship completed? Yes \_\_\_\_\_ No \_\_\_\_\_ Length of Apprenticeship \_\_\_\_\_

List other states you currently hold or have held a Funeral license in:

State \_\_\_\_\_ License No. \_\_\_\_\_ Date issued \_\_\_\_\_

State \_\_\_\_\_ License No. \_\_\_\_\_ Date issued \_\_\_\_\_

State \_\_\_\_\_ License No. \_\_\_\_\_ Date issued \_\_\_\_\_

**\*A License Certification is required from each state\***

Have you ever had any license or registration to practice embalming, funeral directing, or cremations revoked, suspended, fined, placed on probation, or otherwise disciplined, in this state or any other state or jurisdiction? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any actions pending? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever voluntarily relinquished or surrendered a professional license or registration to practice embalming, funeral directing, or cremations while under investigation, or after initiation of a disciplinary proceeding against you or the license?

YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever had any license/registration application to practice funeral services denied? YES \_\_\_\_\_ NO \_\_\_\_\_

If a YES response briefly describe: \_\_\_\_\_

**PART 3 EDUCATION INFORMATION**

Name of Mortuary Science Program where you graduated \_\_\_\_\_

**Copy of Certified College Transcript was requested to be sent to the Funeral Board.** Yes \_\_\_\_\_

Name: \_\_\_\_\_

**PART 4 CRIMINAL HISTORY**

Have you been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, briefly describe below and attach copies of court documents and an explanation of the charge, sentence, and disposition. Yes responses to Background questions will require review by The Board.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**PART 5 AFFIDAVIT OF APPLICANT:**

I hereby state under oath that my Funeral Director and/or Embalmer license has never been canceled, suspended or revoked, placed on probation, and at the present time said license is in full force and effect. I further state there is no prosecution pending against me in any State or Federal Court for any felonious offense and that I am the identical person to whom the license was originally issued, and that the statements contained herein are true and correct to the best of my knowledge. By submitting this application, I am providing a full and complete release to the licensing authority to any and all records and documentation necessary to consider this application.

Signature: \_\_\_\_\_

Subscribed and sworn to before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D.

(Notary Seal)

\_\_\_\_\_  
Notary Public, in and for

\_\_\_\_\_  
County

\_\_\_\_\_  
State

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

