



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

Tate Reeves
Governor

Della Smith
Executive Director

FUNERAL ESTABLISHMENT LICENSE APPLICATION

Please type or print in black ink.

All Fees Due:	Application Fee \$500.00	Inspection Fee \$75	Work Permit \$150.00	License Fee Call Office for current amount
----------------------	---	--------------------------------------	---------------------------------------	--

Applying For: (Check One)

<input type="checkbox"/>	New License
<input type="checkbox"/>	Change - Rule 4.11(1) Whenever the ownership, location, or name is changed, a new license must be obtained. The application must be submitted to the Board within thirty (30) calendar days of the change.
<input type="checkbox"/>	Provide the old License number if available:

PART I: TYPE OF ESTABLISHMENT (Check One)

<input type="checkbox"/>	Funeral Establishment	<input type="checkbox"/>	Branch Establishment
<input type="checkbox"/>	Commercial Mortuary Service	<input type="checkbox"/>	Crematory

PART II: NAME, LOCATION, AND CONTACT INFORMATION

A. Name of Establishment:

--

If Branch, List the FE number for the Main Establishment : _____
(A Branch must have same ownership as the Main Establishment *Rule B(II)(1).*)

B. Location Information

Street Address:					
City:		Zip Code:		County:	

Mailing Address:					
City:		State:		Zip Code:	

C. Contact Information

Business Number:		Emergency Contact #:	
FAX Number:		E-Mail Address:	



Mississippi State Board of Funeral Service



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

Tate Reeves
Governor

Della Smith
Executive Director

PART III: LICENSED PERSONNEL

A. Licensee In Charge: Refer to *Rule 5.1* for requirements to serve as Licensee in Charge

Name:		License Number:	
-------	--	-----------------	--

B. Other Licensed Personnel: (a list may be attached)

Name:		License Number:	
Name:		License Number:	
Name:		License Number:	
Name:		License Number:	

Part IV: Ownership - Check Only One

☐ Individual

Name	Address	Phone Number

☐ Partnership - list name, address, and interest of each partner:

NAME	ADDRESS	INTEREST (Must total 100%)

☐ Corporation:

Name of Corporation:	
Date Corporation filed with MS Secretary of State's Office:	
Registered Agent Name:	
Location of the registered office:	

List owners of cooperation, address, and their interest in the corporation:

(If the corporation is owned by another corporation a list of the shareholders of the owning corporation must be included.)

NAME	Mailing Address	INTEREST (Must total 100%)



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

Tate Reeves
Governor

Della Smith
Executive Director

The officers and directors of this corporation are:

NAME	Mailing Address	OFFICE HELD

Attach a copy of the General Price List, Casket Price List, Outer Burial Price List, and Statement of Goods and Services.

I (we) certify that I (we) have complied with the requirements of Sections 73-11-41et seq. of the Mississippi Code Annotated, 1972, and the Rules and Regulations of the Mississippi State Board of Funeral Service for a funeral establishment license,

Signature of Owner, Co-partner, or Officer

As the Licensee in Charge, I assume full responsibility for the legal and ethical operation of this facility.

Signature of Licensee in Charge

AFFIDAVIT OF OWNER, CO-PARTNER, OR OFFICER OF FUNERAL ESTABLISHMENT

State of _____
County of _____

_____, having been duly sworn, deposes and says that he/she is the owner, co-partner, officer of _____ and he/she signed the application in my presence and states that he/she has read the foregoing application and that the statements made therein are true and accurate to the best of his/her knowledge and belief. Sworn to and subscribed to before me this _____ day of _____, _____.

Notary Public
My Commission Expires _____

AFFIDAVIT OF LICENSEE IN CHARGE

State of _____
County of _____

_____, having been duly sworn, deposes and says that he/she is the funeral service or funeral director licensee in charge of _____ and he/she signed the application in my presence and states that he/she has read the foregoing application and that the statements made therein are true and accurate to the best of his/her knowledge and belief. Sworn to and subscribed to before me this _____ day of _____, _____.

Notary Public
My Commission Expires _____