

INSPECTION REPORT FOR BRANCH ESTABLISHMENT
MISSISSIPPI STATE BOARD OF FUNERAL SERVICE
3010 Lakeland Cove, Suite W
Flowood, MS 39232

DATE: _____ BRANCH ESTABLISHMENT NUMBER _____

NAME: _____

ADDRESS: _____
(CITY) (ZIP) (COUNTY)

PHONE NUMBER: _____ LICENSEE IN CHARGE _____
(NAME) (FS/FD #)

	YES	NO
1. Proper licenses displayed (Establishment \$100 Fine) (Licensees \$100 fine)	<input type="checkbox"/>	<input type="checkbox"/>
2. Adequate arrangement room/office (\$250 fine)	<input type="checkbox"/>	<input type="checkbox"/>
3. A room for viewing and/or a chapel (\$250 fine)	<input type="checkbox"/>	<input type="checkbox"/>
4. Funeral home provides a Statement of Goods & Services, GPL, Outer Burial, and Casket Price List (\$500 fine)	<input type="checkbox"/>	<input type="checkbox"/>

Remarks _____

Report received by _____

Inspector's Signature _____