

Please type or print in ink.

**FUNERAL ESTABLISHMENT LICENSE APPLICATION
MISSISSIPPI STATE BOARD OF FUNERAL SERVICE**

3010 Lakeland Cove, Suite W
Flowood, MS 39232

CHANGE:

Owner

Licensee in charge

Date: _____ Funeral Establishment License Number: _____

Funeral Establishment Branch Establishment Commercial Mortuary Service

Name of Funeral Establishment: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Licensee In Charge: _____ License No.: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Type of Ownership: Individual Partnership Corporation

A. If individual, Name of Owner: _____ License No: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

B. Of a partnership, list name, address, and license number of partners, and their interest in the partnership:

NAME	ADDRESS	LICENSE NO.	INTEREST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. If a corporation, complete the following: I am making this application for the _____

(Name of Corporation)

of which I am registered agent and my affiliation is _____

(Name, address, and signature of registered agent)

The officers and directors of this corporation are:

NAME	ADDRESS	OFFICE HELD
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAMES OF LICENSED PERSONNEL

FUNERAL SERVICE LICENSEES

NAME	ADDRESS	LICENSE NO.

FUNERAL DIRECTOR LICENSEES

NAME	ADDRESS	LICENSE NO.

I (we) certify that I (we) have complied with the requirements of Sections 73-11-41 et 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

Signature of licensee in charge

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

State of Mississippi
County of _____

_____, having been duly sworn, deposes and says that he/she
is the _____ of _____
(owner, co-partner, officer) (name of funeral establishment)

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 _____ 20_____.

Notary Public

My Commission Expires

AFFIDAVIT OF LICENSEE IN CHARGE

State of Mississippi
County of _____

_____, having been duly sworn, deposes and says that he/she
is the funeral service or funeral director licensee in charge of _____
(name of funeral establishment)

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 _____ 20_____.

Notary Public

My Commission Expires