

# STATE BOARD OF FUNERAL DIRECTORS

## APPLICATION FOR LIMITED FUNERAL DIRECTOR LICENSE

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 Fax: 717-705-5540  
 E-mail: [st-funeral@state.pa.us](mailto:st-funeral@state.pa.us)  
 Website: [www.dos.pa.gov/funeral](http://www.dos.pa.gov/funeral)

**Mailing Address:**  
 State Board of Funeral Directors  
 PO Box 2649  
 Harrisburg, PA 17105-2649

**Courier Address:**  
 State Board of Funeral Directors  
 2601 North Third Street  
 Harrisburg, PA 17110

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. **Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.** [Child Abuse Continuing Education Providers Information can be found here.](#)

**FEE: \$35.00 NON-REFUNDABLE APPLICATION FEE. CHECK OR MONEY ORDER ONLY, MADE PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA."** THERE IS A \$20.00 CHARGE FOR ALL CHECKS RETURNED "NOT PAID" REGARDLESS OF THE REASON FOR NON-PAYMENT. **NOTE: PENNSYLVANIA HAS LIMITED FUNERAL DIRECTOR AGREEMENTS WITH DELAWARE, NEW JERSEY AND WEST VIRGINIA ONLY.**

**THIS LICENSE PERMITS ENTRY INTO PENNSYLVANIA FOR THE PURPOSE OF REMOVING, TRANSPORTING AND BURYING DEAD HUMAN BODIES AND DIRECTING FUNERALS, OR ANY COMBINATION THEREOF. HOLDERS OF LIMITED LICENSES ARE NOT PERMITTED TO MAINTAIN AN ESTABLISHMENT, ADVERTISE OR HOLD THEMSELVES OUT AS FUNERAL DIRECTORS IN PENNSYLVANIA**

### SECTION 1: APPLICANT INFORMATION

LAST NAME:			
FIRST NAME:		MIDDLE NAME:	
MAIDEN NAME (IF APPLICABLE)			
PERSONAL INFORMATION	SOCIAL SECURITY NUMBER	DATE OF BIRTH	
TELEPHONE NUMBER (BETWEEN 9AM AND 5 PM)		EMAIL ADDRESS	
NAME AND ADDRESS OF THE FUNERAL ESTABLISHMENT TO WHICH LICENSE IS TO BE ISSUED:	<hr/> <hr/> <hr/>		
STATE WHERE YOU ARE CURRENTLY LICENSED:			
HOME ADDRESS:			
EMAIL ADDRESS:			

**SECTION 2: CRIMINAL AND DISCIPLINARY INFORMATION**

IF ANY OF THE ANSWERS IS "YES" ATTACH A FULL EXPLANATION AND SUBMIT A CERTIFIED COPY OF ALL RELEVANT COURT AND/OR LEGAL DOCUMENTS. *NOTE: ANSWERING "YES" TO ANY OF THE FOLLOWING QUESTIONS WILL NOT RESULT IN THE AUTOMATIC DENIAL OF YOUR APPLICATION.*

ANSWER THE FOLLOWING	YES	NO
1. DO YOU HOLD, OR HAVE YOU EVER HELD, A LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION IN ANY STATE OR JURISDICTION?		
2. IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE PROVIDE THE PROFESSION AND STATE OR JURISDICTION. PLEASE DO NOT ABBREVIATE THE PROFESSION.		
3. HAVE YOU HAD DISCIPLINARY ACTION TAKEN AGAINST A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT, REGISTRATION OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION OR OCCUPATION ISSUED TO YOU IN ANY STATE OR JURISDICTION OR HAVE YOU AGREED TO VOLUNTARY SURRENDER IN LIEU OF DISCIPLINE?		
4. DO YOU CURRENTLY HAVE ANY DISCIPLINARY CHARGES PENDING AGAINST YOUR PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
5. HAVE YOU WITHDRAWN AN APPLICATION FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION, HAD AN APPLICATION DENIED OR REFUSED, OR FOR DISCIPLINARY REASONS AGREED NOT TO APPLY OR REAPPLY FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE, CERTIFICATE, PERMIT OR REGISTRATION IN ANY STATE OR JURISDICTION?		
6. HAVE YOU BEEN CONVICTED (FOUND GUILTY, PLED GUILTY OR PLED NOLO CONTENDERE), RECEIVED PROBATION WITHOUT VERDICT OR ACCELERATED REHABILITATIVE DISPOSITION (ARD), AS TO ANY CRIMINAL CHARGES, FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATIONS? NOTE: YOU ARE NOT REQUIRED TO DISCLOSE ANY ARD OR OTHER CRIMINAL MATTER THAT HAS BEEN EXPUNGED BY ORDER OF A COURT.		
7. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR JURISDICTION?		

**SECTION 3: CERTIFICATION STATEMENT**

BY SIGNING BELOW, I VERIFY THAT THIS FORM IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S.§49.11.

ADDITIONALLY, I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND THAT I AM OF GOOD MORAL CHARACTER. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PENALTIES OF 18 Pa. C.S.§4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND MAY RESULT IN THE SUSPENSION OR REVOCATION OF MY LICENSE OR CERTIFICATE.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION 4: REQUIRED DOCUMENTS**

<p>LETTER OF GOOD STANDING</p>	<p>ATTACH AN ORIGINAL "LETTER OF GOOD STANDING" OR OTHER SIMILAR DOCUMENT <u>ISSUED BY LICENSING JURISDICTION. THIS "LETTER OF GOOD STANDING" MUST BE SUBMITTED WITH THIS APPLICATION AND MUST HAVE BEEN ISSUED WITHIN THE PAST 90 DAYS.</u></p> <p><u>DOCUMENT MUST:</u> LIST EXPIRATION DATE AND TYPE OF LICENSE ISSUED and STATE WHETHER THERE IS ANY RESTRICTION ON PRACTICE AND WHETHER THERE HAS BEEN OR IS PENDING ANY DISCIPLINARY ACTION AGAINST THE LICENSEE</p> <p><u>ORIGINAL (OR COPY OF) LICENSE IS NOT ACCEPTABLE IN LIEU OF DOCUMENT FROM LICENSING JURISDICTION</u></p>
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## **SOCIAL SECURITY ACT CERTIFICATION**

In order to comply with federal law, the State Board of Funeral Directors is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this Board to comply with the requirements of the federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), the licensing boards must provide to DPW information prescribed by DPW about the licensee, including the social security number.

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**Signature**

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**Date**