

## STATE BOARD OF FUNERAL DIRECTORS

Telephone: 717-783-3397  
 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

### APPLICATION FOR A SOLE PROPRIETOR FUNERAL ESTABLISHMENT

**FEE: \$125.00 NON REFUNDABLE APPLICATION FEE. CHECK OR MONEY ORDER ONLY, MADE PAYABLE TO THE "COMMONWEALTH OR PENNSYLVANIA." THERE IS A \$20.00 CHARGE FOR ALL CHECKS RETURNED "NOT PAID" REGARDLESS OF THE REASON FOR NON-PAYMENT.**

IS THIS APPLICATION FOR AN EXISTING FUNERAL ESTABLISHMENT? YES  NO

IF THE ANSWER IS "YES", PLEASE PROVIDE THE CURRENT LICENSE NUMBER OF THE

FUNERAL ESTABLISHMENT:

**SECTION 1:  
PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE FUNERAL ESTABLISHMENT AS YOU WISH IT TO BE LICENSED.**

FUNERAL HOME NAME:	
FUNERAL HOME ADDRESS:	
BUSINESS TELEPHONE NUMBER:	
MAY WE CONTACT YOU VIA EMAIL?	YES _____ NO _____ IF YES, EMAIL ADDRESS: _____
NAME OF OWNER:	
LICENSE NUMBER OF OWNER:	
IS FACILITY READY FOR INSPECTION?	YES _____ NO _____ IF NO, WHEN WILL FACILITY BE READY? _____

**SECTION 2:**

**PLEASE LIST THE NAMES AND LICENSE NUMBERS OF ALL FUNERAL DIRECTORS WHO ARE OR WILL BE WORKING IN THE FUNERAL ESTABLISHMENT. PLEASE LIST SUPERVISOR FIRST.**

NAME	LICENSE NUMBER
, OWNER	

**SECTION 3:**

STATEMENT OF RIGHT TO OCCUPY PREMISES

I, \_\_\_\_\_, OWN THE PREMISES AT  
(name(s) of person(s) who will own the property where this license will be displayed)

\_\_\_\_\_

\_\_\_\_\_

AND THAT \_\_\_\_\_  
(name of the funeral establishment as listed in Section 1 of this application)

HAS THE RIGHT TO OCCUPY THE PREMISES FOR THE PURPOSE OF CONDUCTING THE PRACTICE OF  
FUNERAL DIRECTING.

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

**SECTION 4: 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 5:**

PURSUANT TO §13.91 OF THE REGULATIONS, SUBMIT THE FOLLOWING:

	ITEM	CHECK IF ENCLOSED
1	PROPOSED FUNERAL ESTABLISHMENT LETTERHEAD.	
2	PROPOSED STATEMENT OF GOODS AND SERVICES.	
3	PRE-NEED INFORMATION, IF APPLICABLE.	
	a. A LISTING OF EXISTING PREPAID BURIAL CONTRACTS THAT WILL BE ASSUMED BY YOU BEARING YOUR SIGNATURE AND THE SELLER'S SIGNATURE OR	
	b. A DOCUMENT WHEREBY YOU EXPRESSLY REFUSE TO ASSUME ANY OR ALL OF THE EXISTING PREPAID BURIAL CONTRACTS. YOU MUST PROVIDE THE REASON FOR REFUSAL	
	c. A PROPOSED WRITTEN NOTIFICATION OF THE TRANSFER TO THE PURCHASERS OF THE PREPAID BURIAL CONTRACTS.	
	d. IF THERE ARE NO PREPAID CONTRACTS, CHECK HERE <input type="checkbox"/>	
4	A NOTARIZED COPY OF YOUR WRITTEN REQUEST TO THE TELEPHONE COMPANY FOR YOUR NEW LISTING.	

[ ] Check box if claiming a Business fee exemption for veteran-owned and reservist-owned small business under Act 135 of 2016 (51 Pa.C.S. §§ 9610-9611)

Under Act 135 of 2016, veterans and reservists starting or opening a small business in the Commonwealth are exempt from the payment of a business fee effective January 2, 2017. Therefore, the board will waive the initial application fee for veteran- or reservist-owned small businesses as follows:

1. The veteran/reservist owner(s) must certify below that they are starting a small business in the Commonwealth. A small business must be independently owned, not dominant in its field of operation and employ 100 or fewer employees. The business must be owned AND controlled by a veteran or reservist. For businesses with multiple owners, at least 51% of the ownership interest must be held by veterans/reservists to claim the exemption.
2. The veteran/reservist owner(s) must attach proof of the veteran's or reservist's status at the time the initial application is submitted. Such proof includes a legible photocopy of:
  - A Federal DD-214 form
  - A Federal NGB-22 form
  - A valid Federal Veterans' Administration card or
  - A valid Department of Defense-issued military identification card

**CERTIFICATION STATEMENT:**

I hereby certify that I am applying for this license in order to start or open a small business in the Commonwealth of Pennsylvania as defined above, that I am a veteran or reservist as evidenced by the attached documentation, and that at least 51% of the ownership of the small business is veteran- or reservist-owned.

\_\_\_\_\_  
Signature of veteran/reservist applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of veteran/reservist applicant

**\*\* Use additional sheets as necessary for each veteran/reservist owner**