

# STATE BOARD OF FUNERAL DIRECTORS

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 State Board of Funeral Directors  
 2601 North Third Street  
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## APPLICATION FOR A ESTATE LICENSE FOR A 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.**

**WAS THE FUNERAL HOME OPERATING AS A SOLE PROPRIETORSHIP OR PARTNERSHIP?**  
 YES  NO

**PLEASE PROVIDE THE LICENSE NUMBER OF THE DECEASED FUNERAL DIRECTOR:**

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**SECTION 1:**

**PLEASE PROVIDE THE FUNERAL HOME NAME AND ADDRESS AS IT IS PRESENTLY OPERATING:**

<b>FUNERAL HOME NAME:</b>	
<b>FUNERAL HOME ADDRESS:</b>	
<b>BUSINESS TELEPHONE NUMBER:</b>	
<b>MAY WE CONTACT YOU VIA EMAIL?</b>	YES _____ NO _____  IF YES, EMAIL ADDRESS: _____
<b>IS FACILITY READY FOR INSPECTION?</b>	YES _____ NO _____  IF NO, WHEN WILL FACILITY BE READY? _____
<b>EXECUTOR'S NAME</b>	

**SECTION 2:**

**PLEASE PROVIDE THE NAME AND LICENSE NUMBER OF THE PROPOSED FUNERAL SUPERVISOR:**

<b>NAME:</b>	
<b>LICENSE NUMBER:</b>	

**SECTION 3:**

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

**SECTION 4:**

**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 5: 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 6:**

PURSUANT TO §13.91 AND §13.152 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.	
5	SHORT CERTIFICATE, IF APPLYING FOR ESTATE LICENSE.	
6	DEATH CERTIFICATE AND MARRIAGE CERTIFICATE, IF APPLYING FOR WIDOW/ER LICENSE.	

[ ] 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**