

STATE BOARD OF FUNERAL DIRECTORS

Telephone: 717-783-3397
 Fax: 717-705-5540
 E-mail: st-funeral@state.pa.us
 Website: 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 BRANCH FUNERAL ESTABLISHMENT

FEE: \$125.00 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.

IS THIS APPLICATION FOR AN EXISTING FUNERAL ESTABLISHMENT AT THIS SPECIFIC LOCATION? YES NO

IF THE ANSWER IS "YES", PLEASE PROVIDE THE CURRENT LICENSE NUMBER OF THE FUNERAL ESTABLISHMENT AT THIS SPECIFIC LOCATION:

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SECTION 1:

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

BRANCH NAME:	
BRANCH ADDRESS:	
FICTITIOUS NAME, IF APPLICABLE	
BRANCH TELEPHONE NUMBER:	
MAY WE CONTACT YOU VIA EMAIL?	YES _____ NO _____ IF YES, EMAIL ADDRESS: _____
IS FACILITY READY FOR INSPECTION?	YES _____ NO _____ IF NO, WHEN WILL FACILITY BE READY? _____

SECTION 2: SUPERVISOR INFORMATION

SUPERVISOR NAME:	
LICENSE NUMBER:	

SECTION 3: PRINCIPAL ESTABLISHMENT INFORMATION

PRINCIPAL FUNERAL HOME:	
PRINCIPAL LICENSE NUMBER:	
PRINCIPAL ADDRESS:	
PRINCIPAL PHONE NUMBER:	

SECTION 4:

PLEASE LIST THE NAMES AND LICENSE NUMBERS OF ALL FUNERAL DIRECTORS WHO ARE OR WILL BE WORKING IN THE BRANCH FUNERAL ESTABLISHMENT. ONLY LIST THE NAMES OF THOSE YOU WISH THEIR LICENSE TO BE DISPLAYED AT THIS LOCATION. A FUNERAL DIRECTOR CANNOT DISPLAY HIS/HER LICENSE AT TWO LOCATIONS. PLEASE LIST SUPERVISOR FIRST.

NAME	LICENSE NUMBER

SECTION 5: MUST BE COMPLETE STATEMENT OF RIGHT TO OCCUPY PREMISES

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 6: 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 7:

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

	ITEM	CHECK IF ENCLOSED
1	<p>PROPOSED FUNERAL ESTABLISHMENT LETTERHEAD. BOTH LOCATIONS MUST BE LISTED AND THE NAME OF THE FUNERAL SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, SUPERVISOR</i></p>	
2	<p>PROPOSED STATEMENT OF GOODS AND SERVICES. BOTH LOCATIONS MUST BE LISTED AND THE NAME OF THE FUNERAL SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, SUPERVISOR</i></p>	
3	<p>A NOTARIZED COPY OF YOUR WRITTEN REQUEST TO THE TELEPHONE COMPANY FOR YOUR NEW LISTING. THE FUNERAL SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, SUPERVISOR</i></p>	
4	<p>PRE-NEED INFORMATION, IF APPLICABLE.</p>	
	<p>a. A LISTING OF EXISTING PREPAID BURIAL CONTRACTS THAT WILL BE ASSUMED BY YOU BEARING YOUR SIGNATURE AND THE SELLER'S SIGNATURE OR</p>	
	<p>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.</p>	
	<p>c. A PROPOSED WRITTEN NOTIFICATION OF THE TRANSFER TO THE PURCHASERS OF THE PREPAID BURIAL CONTRACTS.</p>	
	<p>d. IF THERE ARE NO PREPAID CONTRACTS, CHECK HERE <input type="checkbox"/></p>	
5	<p>APPLICATION FOR THE FUNERAL SUPERVISOR.</p>	