

STATE BOARD OF FUNERAL DIRECTORS

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PO Box 2649
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State Board of Funeral Directors
2601 North Third Street
Harrisburg, PA 17110

AFFIDAVIT FOR FUNERAL SUPERVISOR

I VERIFY THAT I HAVE NOT PRACTICED AS A FUNERAL SUPERVISOR IN THE COMMONWEALTH
OF PENNSYLVANIA FROM _____ TO _____
AND THAT IF REQUESTED BY THE STATE BOARD OF FUNERAL DIRECTORS, I WILL PROVIDE
COMPLETE INFORMATION ON MY EMPLOYMENT.

LICENSEE'S SIGNATURE _____ DATE _____