

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

APPLICATION FOR A WIDOW OR WIDOWER LICENSE FOR A 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.

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:

FUNERAL HOME NAME:	
FUNERAL HOME ADDRESS:	
BUSINESS TELEPHONE NUMBER:	
EMAIL ADDRESS:	
WIDOW/ER NAME:	
EXECUTOR NAME, IF ESTATE:	

SECTION 2:

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

NAME:	
LICENSE NUMBER:	

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
, Supervisor	

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.	