State Board of Funeral Directors 2525 North 7th Street - Suite 330 Harrisburg PA 17110



## State Board of Funeral Directors PO Box 2649 Harrisburg PA 17105-2649

## BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

## **CERTIFICATE OF MORTUARY EDUCATION for FUNERAL INTERN**

TO BE COMPLETED BY THE PRO (RA-FUNERAL@PA.GOV). IF YO CERTIFICATE OF PRELIMINARY	U ARE <u>NOT</u> I	N A COORDINA	ATED COURSE C	F STUD	Y, YOU MUST ALSO OBTAIN A	
APPLICANT INFORMATION						
NAME:	LAST			FIRST		
OTHER NAME:						
DATE OF BIRTH:	LAST 4 O			F SSN:		
ADDRESS:						
CITY/ST/ZIP:						
MORTUARY SCHOOL INFORMATION						
NAME OF SCHOOL:						
NAME OF STUDENT:						
DATE OF GRADUATION:						
GRADUATED FROM A 'COORDI	NATED COUR	RSE OF STUDY':	YES	or N	NO	
I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT						
SIGNATURE OF DIRECTOR/DEA	N/REGISTRA	R:				
TODAY'S DATE:		Upon completion, mortuary school must return this completed form directly to the PA State Board Office (ra-funeral@pa.gov)				
(Seal of School)						
(School seal only needed if returning form via postal mail. Electronic copies do not require the Seal of School.)		DO <u>NOT</u> RETURN THIS FORM TO THE APPLICANT				
						RETURN ADDRESS:

Pennsylvania State Board of Funeral Directors
P.O. Box 2649
Harrisburg PA 17105-2649
717-783-3397
Ra-funeral@pa.gov