



**DEPARTMENT OF FINANCIAL SERVICES**  
 Division of Funeral, Cemetery & Consumer Services  
 200 East Gaines Street  
 Tallahassee, FL 32399- 0361

## ENDORSEMENT LICENSES -- CONTINUED

This form is used by persons applying for embalmer and/or funeral director licensure by endorsement, to provide information on additional funeral director or embalmer licenses in other states.

Personal Information			
<b>First name</b>	<b>Middle Initial</b>	<b>Last Name</b>	
<b>Birth Date (mm/dd/yyyy)</b>			
Another License			
Type of license reported here: ___funeral director ___embalmer ___Combination funeral director/embalmer			
a. State where license issued:	b. License number:	c. Date issued:	
<i>References to "this license" in this Subsection" refer to the license identified in b. above.</i>			
d. Name of licensing authority that issued this license:		e. Phone number of licensing authority that issued this license:	
f. Address of licensing authority that issued this license (street, city, state, zip):			
g. Were you required to perform an internship or apprenticeship as a prerequisite to being issued this license? <b>YES NO</b> <i>If your answer to g. was YES:</i>			
h. How many months long was the internship or apprenticeship: _____			
i. Was the internship or apprenticeship performed under the direct supervision of a licensed funeral director? <b>YES NO</b>			
j. Were you required to take and pass a written examination as a prerequisite to issuance of this license? <b>YES NO</b>			
k. Have you worked as an funeral director under this license for at least one full year? <b>YES NO</b>			
<b>Copy of License &amp; Renewal.</b> <i>Attach to this application a photocopy of this license as originally issued, and if the license has been renewed since issuance, also attach a photocopy of the certificate or other documentation issued by the licensing authority evidencing the most recent renewal.</i>			
_____ Signature of applicant		_____ Date signed	

Social Security No. _____
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