



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

CRIMINAL HISTORY FORM

This form is used in conjunction with various main license application forms, to provide details concerning criminal history.

Section 1. PERSONAL INFORMATION		
First name	Middle Initial	Last Name
Birth Date (mm/dd/yyyy)		
<i>General Instructions:</i> Each "Item" on this form, is a separate criminal prosecution in which you plead guilty, were found guilty, or plead no contest.		
ITEM		
(a) Year in which the criminal charge(s) were filed against you: _____		
(b) The court was located in: State _____ County _____ Country _____		
(c) The name of the Court was: _____		
(d) The case number was: _____		
(e) The crime charged was (e.g. larceny; embezzlement; unlicensed practice):		
(f) Which of the following apply to this Item: <input type="checkbox"/> Pled guilty <input type="checkbox"/> Pled no contest <input type="checkbox"/> Was found guilty		
(f.1) Date on which you pled guilty, pled no contest, or were found guilty: ____/____/____		
<i>If the date is within 10 years of the date you submit this application, you must attach to the application a certified true copy from the court, of the court record evidencing the plea of guilty, plea of no contest, or finding of guilt, as applicable. See s. 497.142(9), Florida Statutes.</i>		
(g) Year in which the crime was alleged to have been committed: _____		
(h) What was the penalty imposed? (e.g. 1 month in jail & fine of \$1000 and restitution)		
(i) Have all sanctions imposed been satisfied? (e.g., fines & restitution paid?) YES NO (if NO, explain below)		
(j) Enter here any explanation or remarks you desire the Dept and Board to consider (e.g., more info about what happened; why you believe this should not be a bar to approval of your application; etc) (continue on additional pages if needed):		
Do you have other criminal record Items to disclose ? YES NO		
If yes, enter them on another copy of this form and attach to your application.		
_____ Signature of Applicant	_____ Date signed	

Social Security No. _____
