



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 was: Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/>		
(f) The crime charged was (e.g. larceny; embezzlement; unlicensed practice):		
(g) 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		
(g.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>		
(h) Year in which the crime was alleged to have been committed:		
(i) What was the penalty imposed? (e.g. 1 month in jail & fine of \$1000 and restitution):		
(j) Have all sanctions imposed been satisfied? (e.g., fines & restitution paid?) YES <input type="checkbox"/> NO <input type="checkbox"/> (if NO, explain below)		
(k) Enter here any explanation or remarks you desire the Dept and Board to consider as to why issuance or renewal of the license would not create a danger to the public (continue on additional pages if needed):		
Do you have other criminal record Items to disclose? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, enter them on another copy of this form and attach to your application.		
_____ Signature of Applicant	_____ Date signed	
Social Security Number: <u>Purpose and Use:</u> <i>The collection of social security numbers on applications for licensure under Chapter 497 is expressly authorized by s. 497.141(2), Florida Statutes. Social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. The social security number may also be used for any other purpose required or authorized by federal or Florida Law.</i>		