



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
FUNERAL BOARD AND BURIAL SERVICES
500 James Robertson Parkway, Second Floor
Nashville, TN 37243-1145
(615) 741-5062 Office
(615) 532- 1903 Fax**

CERTIFICATION FOR TENNESSEE LICENSE

This is to certify that _____

SSN: _____, DOB: _____, under the laws of the State of _____ was issued Funeral Director License No. _____,

expiration date _____, and Embalmers License No. _____, expiration date _____, on (date) _____ by examination, with a score of _____ on the Funeral Directors Examination and _____ on the Embalmer Examination.

The type of examination administered was the _____ National Exam or the _____ State exam.

- | | | |
|---|-----------|----------|
| (a) The licensee is in good standing | Yes _____ | No _____ |
| (b) The licensee has been disciplined* | Yes _____ | No _____ |
| (c) The licensee has complaints pending * | Yes _____ | No _____ |
| (d) The licensee owes fees to the Board * | Yes _____ | No _____ |

* Documentation must be provided for any "Yes" answered above.

(Affix State Seal here)

Signature of Director/Administrator

(Type or Print Name)

Title

For: _____
(Title of Board)