



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of Funeral Service**

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4497 • [Contact.Funeral@llr.sc.gov](mailto:Contact.Funeral@llr.sc.gov) • Fax: 803-896-4554

[www.llronline.com/POL/Funeral/](http://www.llronline.com/POL/Funeral/)



**INSTRUCTIONS FOR FUNERAL DIRECTOR AND/OR EMBALMER LICENSE**

When submitting an application to the Board's Office for a funeral director, embalmer or funeral director/embalmer license, the requirements are as follows:

- Submit your application by making the applicable application fee via Visa, Mastercard or E-Check. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.

\$100 - Funeral Director      \$100 - Embalmer      \$150 - Funeral Director/Embalmer

- Upload a copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Upload a copy of your social security card
- Upload the notarized signature affidavit with a 2"x2" color photo (Passport Type Photo) attached
- Upload a completed Verification of Apprenticeship Form
- Upload an official statewide background check from your state(s) of residence covering the past 5 years. (SC: [www.sled.sc.gov](http://www.sled.sc.gov))
- Upload legal documentation for name change (marriage cert, divorce decree, court order, etc), if applicable

**Have submitted directly to the Board office address above from the issuing agent:**

- Official copy of transcripts from an accredited mortuary college of a regionally accredited academic college approved by the Board.
- Certified copy of National Grades from The International Conference for Funeral Director and/or Embalmer Exam(s). Contact information [www.theconferenceonline.org](http://www.theconferenceonline.org) or (479) 442-7076.
- Verification of out of state licensure, if applicable

**ALL APPLICANTS:**

**STATEWIDE BACKGROUND CHECK**

Please provide a statewide background check from the state(s) you have resided in for the past five (5) years. An applicant for licensure as an embalmer/funeral director must not have been convicted of a violent crime of found guilty or a felony or crime of moral turpitude. (S.C. Code Section 40-19-230)

**VERIFICATION OF COMPLETED APPRENTICESHIP** (Unless applying by reciprocity):

Have the Verification of Completed Apprenticeship filled out and signed by all required parties. Form is located within this packet or there is a link on the website to download.

<http://llronline.com/POL/Funeral/index.asp?file=pub.htm>

## **EDUCATION:**

Contact the accredited mortuary college or the regionally accredited academic college that has been approved by the Board and have your official transcripts sent directly to the SC Board of Funeral Service.

## **NATIONAL EXAM:**

Contact the International Conference for Funeral Director and have a certified copy of your National Grades and/or Embalmer Exam(s). Contact information [www.theconferenceonline.org](http://www.theconferenceonline.org) or (479) 442-7076.

## **ENDORSEMENT APPLICANT:**

An applicant for licensure as an embalmer or funeral director by endorsement must:

Submit proof of a current, active, and unrestricted license of at least five (5) years duration under the laws of another state or territory that had requirements that were, at the date of licensure, equivalent to the requirements in effect at the time of application in South Carolina.

### **Verification of Out-of-State Licensure:**

Contact the State Funeral Board you are licensed in and have a license verification sent directly to the SC Board of Funeral Services (Address is located on the top of these instructions.).

Once an application and other necessary documentation has been received, your name will be forwarded to The International Conference for eligibility to take the exam(s). Once your name has been forwarded to The International Conference, you will receive a letter from the Board indicating where to print your exam application(s) from. The state law exam is based on the Funeral Service Law and Rules and Regulations of the Board, Preneed and the Safe Cremation Act, which can be found on our website at <http://llronline.com/POL/Funeral/index.asp?file=pub.htm>. For additional assistance or clarification, contact the Board's Office at (803) 896-4497.

If for any reason you must appear before the Board the completed application packet must be in our office no later than **10 business days** prior to the Board meeting date if you wish to be on the Board meeting agenda.

After you submit your application by making payment, you may check your application by clicking on the following link and using your username and password. Please allow up to 24 hours after making payment for your application to be transmitted to our office. Processing time (initial review of items submitted) may take between 7-10 business days.

<https://eservice.llr.sc.gov/SSO/Login/LoginPage>



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**FUNERAL BOARD SIGNATURE AFFIDAVIT**

For electronic applications only

**ATTESTATION**

The undersigned applicant hereby applies to the South Carolina Department of Labor, Licensing and Regulation, Board of Funeral Service for a funeral director, embalmer, funeral director/embalmer, apprentice funeral director, or apprentice embalmer license under the provisions of Title 40, S. C. Code, 1976 (as amended) and the Rules and Regulations of the Board and in support of said application makes the representations contained herein with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny a license or to withhold renewal of or suspend or revoke a license if issued by the Board. The undersigned applicant understands the Board may make such inquiry and investigation concerning the applicant’s record or background as the Board in its judgment deems proper, and said applicant further agrees to furnish any additional information requested by the Board to appear before the Board in person if requested to do so.

The undersigned, in making this application to the South Carolina Board of Funeral Service swears (or affirms) that he (or she) is the applicant named herein and that the answers and the information contained herein are true to the best of his (or her) knowledge and belief.

I acknowledge and agree that any separate statements or documentation which I may sign or submit to the Board are hereby made a part of this application.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Notary for the State of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**Tape a recent 2 x 2  
Passport Photo  
(less than 6 months old)**



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**VERIFICATION OF COMPLETION OF APPRENTICESHIP**

Name: \_\_\_\_\_ Apprentice Certification Number: \_\_\_\_\_

**Preceptor should complete the below information:**

Funeral Facility Name: \_\_\_\_\_ Permit # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Apprenticeship Dates:**

From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo./Day/Year Mo./Day/Year

**I hereby certify that the above named individual has completed their apprenticeship under my direct supervision and has performed all of the duties required of an apprentice in a competent and professional manner.**

**Supervising Funeral Director:**

\_\_\_\_\_  
Supervising Funeral Director (Signature)

\_\_\_\_\_  
Funeral Director's License Number

\_\_\_\_\_  
Supervising Funeral Director (Print Name)

\_\_\_\_\_  
Date

**Supervising Embalmer:**

\_\_\_\_\_  
Supervising Embalmer (Signature)

\_\_\_\_\_  
Embalmer's License Number

\_\_\_\_\_  
Supervising Embalmer (Print Name)

\_\_\_\_\_  
Date

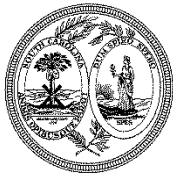
**Funeral Home Manager:**

\_\_\_\_\_  
Funeral Home Manager (Signature)

\_\_\_\_\_  
Funeral Home Manager's License Number

\_\_\_\_\_  
Funeral Home Manager (Print Name)

\_\_\_\_\_  
Date



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1.  I am a United States citizen; or

2.  I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3.  I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4.  Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



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VERIFICATION OF LICENSURE

Complete the top portion of this form and forward a copy to the state board by which you are now licensed to practice funeral services. You may want to contact the state to see if a fee is required.

In applying for a license to practice funeral services in the State of South Carolina, the Board of Funeral Service requires this form to be completed by a state wherein I hold an active license. My signature below is your authority to release any and all information in your file, favorable or otherwise, regarding me directly to the above address. The SC Board of Funeral Service will also accept a State Board issued License Verification if the Official Seal is attached.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

STATE BOARD OFFICE:

Please complete the below information and mail to the above address.

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

Initial License Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Status of Licensure (Active, Lapsed, Disciplined, etc): \_\_\_\_\_

Number of months apprenticeship served: \_\_\_\_\_

Was found to be qualified for registration/licensure on the basis of:

( ) National Examination: Passing score: \_\_\_\_\_ Applicant's score: \_\_\_\_\_ (Required for Licensure)

( ) Our State Examination: Passing score: \_\_\_\_\_ Applicant's score: \_\_\_\_\_ (Required for Licensure)

( ) Our State Law exam: Passing score: \_\_\_\_\_ Applicant's score: \_\_\_\_\_

( ) Education \_\_\_\_\_ years; and experience of \_\_\_\_\_ years,

( ) Comity/Reciprocity with \_\_\_\_\_

( ) Other: \_\_\_\_\_

Date \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

(SEAL)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_