



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 • Fax: 803-896-4554

www.llronline.com/POL/Funeral/



APPLICATION FOR STUDENT FUNERAL DIRECTOR OR EMBALMER CERTIFICATE

APPLICANTS MUST BE ENROLLED IN A MORTUARY COLLEGE TO APPLY FOR THIS CERTIFICATE.

Student Certificate vs. Apprenticeship Certificate:

Apprenticeship certification requires an agreement with a licensed funeral home, licensed supervising funeral director/embalmer, quarterly reports and a full-time work schedule.

Include with your application:

- Check or money order made payable to LLR-Board of Funeral Service
Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.

Type of Application (check one):

- \$25 - Funeral Director
- \$25 - Embalmer
- \$50 - Funeral Director/Embalmer

- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your social security card
- A 2"x2" color photo (Passport Type Photo) less than 6 months old
- Official Statewide Background check from your state(s) of residence covering the past 5 years. (SC: www.sled.sc.gov)
- Legal documentation for name change (marriage cert, divorce decree, court order, etc), if applicable
- Mortuary College Enrollment Verification Form

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

APPLICANT INFORMATION:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Have you ever legally changed your name? Yes No Maiden Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____ District: _____
Congressional District (SC Residents Only)

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No.: _____

Race: _____ Gender: Female Male
(for statistical purposes only)

Business Name (if applicable): _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

PRIOR LICENSURE

List any current or prior funeral director or embalmer licensure information you have in SC or elsewhere. If you have had any type of disciplinary action, attach a detailed explanation. Feel free to attach an additional sheet if necessary.

License Type: _____ State: _____ License No.: _____

Date licensed: _____ Status: _____
(active, lapsed, disciplined, etc.)

EDUCATION

You must be enrolled in a Mortuary College approved by the SC Funeral Service Board. Have the Program Director sign the Mortuary College Enrollment Verification Form and submit with this application.

Mortuary College: _____ Enrollment Date: _____

Program: _____

EMPLOYMENT

List all places of employment during the past five years—list present employment first. (Attach sheet if needed.)

Name of Company	St., P.O. Box, or Rt.	City	State
Position	Duties	From Mo./Yr.	To Mo./Yr.
Name of Company	St., P.O. Box, or Rt.	City	State
Position	Duties	From Mo./Yr.	To Mo./Yr.
Name of Company	St., P.O. Box, or Rt.	City	State
Position	Duties	From Mo./Yr.	To Mo./Yr.

PERSONAL HISTORY

Attach a detailed explanation for any "Yes" answers.

1. Have you ever had any license to practice in the funeral profession denied, suspended, revoked, AND/OR surrendered by the licensing authorities in this or any other state or jurisdiction? YES NO
2. Have you ever had any other business or professional license of any type suspended, revoked or surrendered in this or any other state or jurisdiction? YES NO
3. Have you ever been convicted of or pled guilty to or nolo contendere to a felony or a crime involving drugs or moral turpitude? YES NO
4. Are there any unpaid judgments of debt now outstanding against you? YES NO
5. Have you read and understand the South Carolina Funeral Service Law and the Rules and Regulations of the Board? YES NO

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 or 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

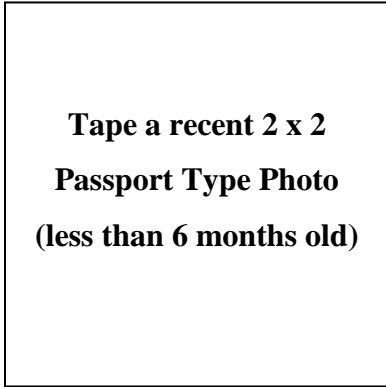
Subscribed and sworn to before me this _____ day
of _____ 20_____.

Notary Signature: _____

Print Name: _____

Notary for the State of: _____

My Commission expires: _____



PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



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)



South Carolina Department of Labor, Licensing and Regulation

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MORTUARY COLLEGE ENROLLMENT VERIFICATION FORM

Students must be enrolled in a mortuary college that has been approved by the SC Board of Funeral Service to be eligible for a Student Certificate.

Student/Applicant Name: _____

Mortuary College: _____

School Address: _____

Phone: _____

Program: _____

Enrollment Date: _____

Program Director: _____

I certify the above named applicant is an enrolled student.

Program Director or Registrar Signature

Print Name

Title

Contact Phone

Date