# STATE BOARD OF FUNERAL DIRECTORS

Telephone: 717-783-3397 Fax: 717-705-5540

IS FACILTY READY FOR

INSPECTION?

E-mail: <u>st-funeral@state.pa.us</u>
Website: <u>www.dos.state.pa.us/funeral</u>

#### **Mailing Address:**

State Board of Funeral Directors PO Box 2649

Harrisburg, PA 17105-2649

#### **Courier Address:**

State Board of Funeral Directors 2601 North Third Street Harrisburg, PA 17110

# APPLICATION FOR A BRANCH FUNERAL ESTABLISHMENT

FEE: \$125.00 NON-REFUNDABLE APPLICATION FEE. CHECK OR MONEY ORDER ONLY, MADE PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA." THERE IS A \$20.00 CHARGE FOR ALL CHECKS RETURNED "NOT PAID" REGARDLESS OF THE REASON FOR NON-PAYMENT. IS THIS APPLICATION FOR AN EXISTING FUNERAL ESTABLISHMENT AT THIS SPECIFIC LOCATION? YES NO IF THE ANSWER IS "YES", PLEASE PROVIDE THE CURRENT LICENSE NUMBER OF THE FUNERAL ESTABLISHMENT AT THIS SPECIFIC LOCATION: **SECTION 1:** PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE FUNERAL ESTABLISHMENT AS YOU WISH IT TO BE LICENSED. BRANCH NAME: **BRANCH ADDRESS:** FICTITIOUS NAME, IF **APPLICABLE BRANCH TELEPHONE NUMBER:** LOCATION OF PREP ROOM: ON SIGHT: YES OR NO (PLEASE CIRCLE) IF NO, LIST LOCATION OF PREP ROOM NAME: ADDRESS:

YES OR NO (PLEASE CIRCLE)

IF NO, WHEN WILL FACILTY BE READY?
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SECTION 2:						
SUPERVISOR NAME:						
LICENSE NUMBER:						
MULTIPLE LOCATIONS:						
PLEASE LIST OTHER BUSINESS ENTITIES WHERE SUPERVISOR IS WORKING. SUPERVISOR IS REQUIRED TO APPLY SEPERATELY FOR A LICENSE FOR EACH BUSINESS ENTITY SUPERVISED.						
NAME AND ADDRESS OF BUSINESS ENTITY		LICENSE NUMBER OF BUSINESS ENTITY	MILAGE FROM APPLICANT			
SECTOIN 3:						
PRINCIPLE FUNERAL HOME:						
PRINCIPLE LICENSE NUMBER:						
PRINCIPLE ADDRESS:						
PRINCIPLE PHONE NUMBER:						
SECTION 4: PLEASE LIST THE NAMES AND LICENSE NUMBERS OF ALL FUNERAL DIRECTORS WHO ARE OR WILL BE WORKING IN THE BRANCH FUNERAL ESTABLISHMENT. ONLY LIST THE NAMES OF THOSE YOU WISH THEIR LICENSE TO BE DISPLAYED AT THIS LOCATION. A FUNERAL DIRECTOR CANNOT DISPLAY HIS/HER LICENSE AT TWO LOCATIONS. PLEASE LIST SUPERVISOR FIRST.						
	NAME	LICENS	E NUMBER			
, SUPERVISOR						

NAME	LICENSE NUMBER
, SUPERVISOR	

#### **SECTION 5:**

STATEMENT OF RIGHT T	O OCCUPY PREMISES			
I,(name(s) of person(s) who will own the property where this	, OWN THE PREMISES AT license will be displayed)			
AND THAT (name of the funeral establishment as listed	in Section 1 of this application)			
HAS THE RIGHT TO OCCUPY THE PREMISES FOR THE PURPOSE OF CONDUCTING THE PRACTICE OF				
FUNERAL DIRECTING.				
SIGNATURE OF OWNER	DATE			
SECTION 6: CERTIFICATION STATEMENT				
BY SIGNING BELOW, I VERIFY THAT THIS FORM IS DEPARTMENT OF STATE AND HAS NOT BEEN ALTER AWARE OF THE CRIMINAL PENALTIES FOR TAMPE PURSUANT TO 18 Pa. C.S.§49.11.	RED OR OTHERWISE MODIFIED IN ANY WAY. I AM			
ADDITIONALLY, I CERTIFY THAT THE STATEMENTS IN THE BEST OF MY KNOWLEDGE, INFORMATION A CHARACTER. I UNDERSTAND THAT ANY FALSE STATES 18 Pa. C.S.§4904 RELATING TO UNSWORN FALSIFICATION OF MY LICENSE OR CONTROL OR MY LICENSE OR CONTROL OF MY LICENSE OR CONTROL OF MY LICENSE OR CONTROL OR MY LICENSE OR MY LICENSE OR MY LICENSE OR CONTROL OR MY LICENSE OR	ND BELIEF, AND THAT I AM OF GOOD MORAL TEMENT MADE IS SUBJECT TO THE PENALTIES OF ATION TO AUTHORITIES AND MAY RESULT IN THE			
APPLICANT'S SIGNATURE	DATE			

# **SECTION 7:**

# PURSUANT TO §13.91 OF THE REGULATIONS, SUBMIT THE FOLLOWING:

	ITEM	CHECK IF ENCLOSED
1	PROPOSED FUNERAL ESTABLISHMENT LETTERHEAD. BOTH LOCATIONS MUST BE LISTED AND THE NAME OF THE FUNERAL SUPERVISOR MUST BE IDENTIFIED. EXAMPLE: JOHN DOE, SUPERVISOR	
2	PROPOSED STATEMENT OF GOODS AND SERVICES. BOTH LOCATIONS MUST BE LISTED AND THE NAME OF THE FUNERAL SUPERVISOR MUST BE IDENTIFIED. EXAMPLE: JOHN DOE, SUPERVISOR	
3	A NOTARIZED COPY OF YOUR WRITTEN REQUEST TO THE TELEPHONE COMPANY FOR YOUR NEW LISTING. THE FUNERAL SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, SUPERVISOR</i>	
4	PRE-NEED INFORMATION, IF APPLICABLE.	
	a. A LISTING OF EXISTING PREPAID BURIAL CONTRACTS THAT WILL BE ASSUMED BY YOU BEARING YOUR SIGNATURE AND THE SELLER'S SIGNATURE OR	
	b. A DOCUMENT WHEREBY YOU EXPRESSLY REFUSE TO ASSUME ANY OR ALL OF THE EXISTING PREPAID BURIAL CONTRACTS. YOU MUST PROVIDE THE REASON FOR REFUSAL.	
	c. A PROPOSED WRITTEN NOTIFICATION OF THE TRANSFER TO THE PURCHASERS OF THE PREPAID BURIAL CONTRACTS.	
	d. IF THERE ARE NO PREPAID CONTRACTS, CHECK HERE	
5	APPLICATION FOR THE FUNERAL SUPERVISOR.	
6	ARE YOU READY FOR INSPECTION? (PLEASE CIRCLE) YES OR NO IF NO, GIVE DATE WHEN YOU WILL BE READY	