



# North Dakota State Board of Funeral Service

## Application for License as a Funeral Practitioner by Reciprocity

I hereby make application to become certified as a Funeral Practitioner under the requirements of the North Dakota State Board of Funeral Service by reciprocity.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street address or Post Office Box City State Zip

E-mail address: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

I have completed the following secondary and higher education:

High School: \_\_\_\_\_ Year Graduated \_\_\_\_\_

College or University: \_\_\_\_\_ Credits Earned \_\_\_\_\_

\_\_\_\_\_ Credits Earned \_\_\_\_\_

Degree Earned \_\_\_\_\_

Mortuary College \_\_\_\_\_ Year Graduated \_\_\_\_\_

Conference Examination Taken: \_\_\_\_\_

In what states and **dates** have you been granted licenses? Current Status of Licenses:

As an embalmer: \_\_\_\_\_

As a funeral director: \_\_\_\_\_

As a mortician: \_\_\_\_\_

How many years experience have you had in embalming? \_\_\_\_\_ Funeral directing? \_\_\_\_\_

Under whom did you receive this experience? \_\_\_\_\_

How many human remains have you embalmed? \_\_\_\_\_

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

### Acknowledgment

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ the applicant herein personally appeared before me, a Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_, and being first duly sworn, acknowledged that the above statements are true and correct.

(SEAL)

Notary Public \_\_\_\_\_ County

State of \_\_\_\_\_

My commission expires \_\_\_\_\_

**Requirements for Licensure by Reciprocity**

**1. Education and experience requirements.** Applicants for license through reciprocity with other states must meet educational and experience requirements in conformity with the requirements of the board.

**2. License through examination.** Consideration for reciprocity will be given only to embalmers, funeral directors, or funeral service practitioners who secured through examination the license on which they apply for reciprocal license and who have been actively engaged in the practice of their profession as a licensed embalmer, funeral director, or funeral service practitioner for a period of not less than one year preceding the filing of an application for reciprocity.

**3. Reciprocity fee:** The applicant shall pay a fee of one hundred dollars.

**4. Submit to examination:** An applicant for licensure through reciprocity shall submit to an examination at the time and place designated by the board for the purpose of taking a written examination on the laws and rules of North Dakota regarding the practice of funeral service.

Date Paid \_\_\_\_\_ Check Number \_\_\_\_\_

Payer \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Applicant’s Affidavit of Legal Residence**

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, hereby despose and say that on \_\_\_\_\_ 20 \_\_\_\_\_, I was a resident of \_\_\_\_\_, State of \_\_\_\_\_, and since such date I have had residences as follows:

\_\_\_\_\_ State of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ State of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ State of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

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

(SEAL)

\_\_\_\_\_  
Notary public \_\_\_\_\_ County

State of \_\_\_\_\_

My commission expires \_\_\_\_\_

## Recommendations as to Character

Reputable persons must attest to these affidavits. These persons must be residents of the county in which the applicant resides or proposes to carry on the practice of embalming and funeral directing.

### AFFIDAVIT NO. 1

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, hereby despose  
and say that I am a \_\_\_\_\_ at  
Occupation or profession

\_\_\_\_\_ of  
Street address                      City                      State                      Zip

\_\_\_\_\_ for \_\_\_\_\_ years, that he/she is a person of  
good moral character, and is worthy of favorable recognition by the North Dakota State Board  
of Funeral Service as a proper person to receive a North Dakota license to practice Embalming.

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

(SEAL)                      Notary Public \_\_\_\_\_ County, State of \_\_\_\_\_

My commission expires \_\_\_\_\_

### AFFIDAVIT NO. 2

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, hereby despose  
and say that I am a \_\_\_\_\_ at  
Occupation or profession

\_\_\_\_\_ of  
Street address                      City                      State                      Zip

\_\_\_\_\_ for \_\_\_\_\_ years, that he/she is a person of  
good moral character, and is worthy of favorable recognition by the North Dakota State Board  
of Funeral Service as a proper person to receive a North Dakota license to practice Embalming.

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

(SEAL)                      Notary Public \_\_\_\_\_ County, State of \_\_\_\_\_

My commission expires \_\_\_\_\_

# Certificate of State Endorsement

As Secretary of the licensing authority for the State of \_\_\_\_\_,

I hereby certify that \_\_\_\_\_

Name of applicant

of \_\_\_\_\_ was granted

City

State

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, License No. \_\_\_\_\_ as an Embalmer/  
Mortician on the basis of a state examination in which he received the grades after the following sub-

jects:

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I further certify that such license has never been revoked or suspended since its issuance and is presently in good standing, and that from an examination of the records on file in this office, I believe the applicant to be a person of good moral character and worthy as a proper person to receive reciprocal recognition by the North Dakota State Board of Funeral Service.

Dated at \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(SEAL)

Signature

Full title

Official name of licensing authority

Address