



**2017 RENEWAL APPLICATION  
FOR  
FUNERAL DIRECTOR AND/OR EMBALMERS LICENSE**

Date \_\_\_\_\_

*remit to:*                   **State of Oklahoma**  
*Oklahoma Funeral Board*  
 3700 N. Classen - Suite 175  
 Oklahoma City, OK 73118

Application is hereby made for a Funeral Directors and/or a Embalmers License subject to the laws and rules applicable, and the following information is provided as the basis for the issuance of such license. Please enclose a check or money order. Write your license numbers on the memo part of the check. Return this form to the Board.

Reason for Application:     Renewal             Update             Do Not Wish To Renew

(Add corrections to any missing or incorrect information)

FullName: \_\_\_\_\_  
*correction:* \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*correction:* \_\_\_\_\_

PHONE: \_\_\_\_\_                    **Current Email Address:** \_\_\_\_\_  
*correction:* \_\_\_\_\_

Place Of Employment: \_\_\_\_\_  
*correction:* \_\_\_\_\_

<i>License Number</i>	<i>Renewal Fee</i>
Funeral Directors's License	\$75.00
Embalmer's License	\$75.00
<b>Total Due:</b>	<b><u>\$150.00</u></b>

**\* MUST BE POST MARKED BY THE U.S POST OFFICE BY DECEMBER 31, FEES DOUBLE JANUARY 1st**  
**\* PLEASE ALLOW A 4 WEEK TIME PERIOD BEFORE YOU RECEIVE YOUR RECEIPT AND WALLET CARD WHILE WE AUDIT THE CONTINUING EDUCATION INFORMATION**  
 \*

## Funeral Director and/or Embalmer Continuing Education Certification

**Six hours of continuing education is required for the renewal period, unless you are exempt.** Below is the list of exemptions as provided by OAC 235:10-13-12. Check those that apply to you and provide the documentation requested, if any.

1. \_\_\_\_\_ I am enlisted in military service and am exempt from payment of renewal fees as provided in OAC 235:10-5-2 which includes members of the National Guard or Military Reserve call to active duty.
2. \_\_\_\_\_ I reside outside the State of Oklahoma
3. \_\_\_\_\_ I was not engaged in the practice of funeral directing or embalming within the State of Oklahoma during the calendar year 2016.
4. \_\_\_\_\_ I have a medical disability (You must include a letter from your physician to verify the illness or disability)
5. \_\_\_\_\_ I am age 65 or older and not the Funeral Director in Charge.
6. \_\_\_\_\_ I was newly licensed within the past year

CE Provider's Name	CE Provider's Number	Program Title	Date Attended	Contact Hours
#	#	#	#	#
*	*	*	*	*

# please indicate the required Ethics credit

\* please indicate the required physical presence credit

**By my signature below, I declare under penalty of perjury that all information listed on this renewal form which contains my name, address, place of employment, and continuing education information is true, factual, and complete. I understand that submitting false documents or information to this Board is cause for suspension or revocation of any license granted by this Board.**

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date