

VERIFICATION OF LICENSURE

1. Name and Position of State Board representative completing this verification:

2. Name and License Number of Licensee at issue in this verification:

3. Issue Date and Type of License held by Licensee:

4. Did the Licensee obtain original license from your State?

Yes _____ No _____ If no, which State issued the original license? _____

5. Has the Licensee had any disciplinary action taken by the State Board that issued the license?

Yes _____ No _____

(If yes, please provide a copy of the dispositive documents related to the disciplinary action)

6. Is the Licensee currently in good standing?

Yes _____ No _____

Signature

Address of State Board

Phone Number and Email Address

Sworn to and subscribed before me by _____ this the _____
day of _____, 20 _____.
Name of State Board Director

Notary Public – Official Signature

SEAL

Notary Public – Printed Name

My commission expires: _____
(Note: In lieu of Notary, Seal of Board is acceptable.)

Return to:
North Carolina Board of Funeral Service
1033 Wade Ave., Suite 108
Raleigh, NC 27605