



**NORTH CAROLINA BOARD OF FUNERAL SERVICE
WWW.NCBFS.ORG**

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

PHONE (919) 733-9380

EXAM ELIGIBILITY FORM

APPLICANT INFORMATION

Name: _____

Street Address: _____

City: _____

State: _____

County: _____

ZIP Code: _____

Phone Number: _____

Email Address: _____

LICENSE TYPE

Which type of individual license are you seeking?

____ Funeral Director

____ Embalmer

____ Funeral Service

COLLEGE EDUCATION

Graduation Date: _____

Degree obtained: _____

Have you had a certified transcript sent to NCBFS? ____ Yes ____ No

Date transcript ordered: _____