

NORTH CAROLINA BOARD OF FUNERAL SERVICE
1033 Wade Avenue, Suite 108
Raleigh, NC 27605
919.733.9380

REQUEST FOR LICENSE VERIFICATION

The individual named below is requesting verification of licensure from your jurisdiction. Please complete the information below and return via email to: LicenseVerification@ncbfs.org.

The verification form may also be returned via U.S. Mail.

Name of Individual Making Request: _____

Type of License(s) Held: _____

Issue Date(s): _____

Is(Are) the License(s) currently active and in good standing?

☐

Yes

☐

No

Was(Were) the License(s) originally issued by your jurisdiction?

☐

Yes

☐

No

If no, was(were) the license(s) issued by reciprocity?

☐

Yes

☐

No

If yes, what jurisdiction issued the original license? _____

Has your jurisdiction taken any disciplinary action against the named licensee?

☐

Yes

☐

No

If yes, please provide copies of the dispositive documents related to the disciplinary action.

CERTIFICATION:

Name and Title of Certifier

Name of Board or Governing Authority State or Jurisdiction

Signature of Certifier

Date