



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

PHONE (919) 733-9380
FAX (919) 733-8271

APPLICATION FOR ACTIVE MILITARY STATUS

INSTRUCTIONS

- 1) This application must be typed or printed legibly in ink, signed by the applicant, and notarized. Illegible applications will be returned to the applicant.
- 2) Applications that are not completed within ninety (90) days of submission to the North Carolina Board of Funeral Service shall be denied.
- 3) 21 NCAC 34B .0311 provides the following definitions:
 - a. "Active military person" shall mean any person holding an applicable license or permit from the Board who meets the conditions of G.S. 105-249.2(a) and would be subject to any continuing education requirement, renewal fee, or renewal application to renew or reinstate any permit or license issued by the Board.
 - b. "Active military status" shall mean any active military person who is not practicing funeral service, funeral directing, or embalming because of military service.
 - c. "Active status" shall mean any person holding a license to practice funeral directing, funeral service, or embalming in good standing who has not been approved for an inactive license under the provisions of G.S. 90-210.25(a1).
 - d. "Applicant" shall mean the active military person or any person authorized to conduct business affairs for the active military person under the authority granted by a power of attorney executed under the laws of any state.
- 4) Documentation demonstrating entitlement to active military status must be enclosed with this Application.

1. Applicant's Full Name and License Number: _____

2. Physical Address of Personal Residence: _____

City: _____ County: _____ Zip: _____

Mailing Address of Personal Residence (if different than Physical Address): _____

City: _____ County: _____ Zip: _____

3. Work Phone #: _____ Home Phone #: _____ Cell Phone #: _____

4. E-mail address: _____

5. Dates of Active Military Service: _____

6. Anticipated date that Applicant will return to the practice of funeral service, funeral directing, or embalming in North Carolina, if known:

7. Is the information you provided on this Application true and accurate to the best of your knowledge?

Yes _____ No _____

Signature of Licensee