



NC BOARD OF FUNERAL SERVICE

REQUEST FOR LICENSE VERIFICATION

The individual named below is requesting verification of licensure from your jurisdiction. Please complete the information below and return to:

North Carolina Board of Funeral Service
1033 Wade Avenue, Suite 108
Raleigh, North Carolina 27605

Or, return by email to: receptionist@ncbfs.org

Name of Individual Making Request

Type of License: _____ Date of Issue: _____

License Number: _____ Is this license active and in good standing? _____
Yes No

Was this license originally issued by your jurisdiction? _____
Yes No

If no, was this license 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 Board Representative Completing This Form

Jurisdiction/State

Name of Board or Governing Authority

Signature of Representative

Date

Please Affix Board Seal