

STATE OF NEW HAMPSHIRE  
BOARD OF REGISTRATION OF FUNERAL DIRECTORS AND EMBALMERS

121 South Fruit St., Suite 303  
Concord, NH 03301-2412  
(603) 271-4648  
FAX (603) 271-5056

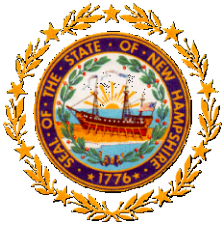
Webpage: <https://www.opic.nh.gov/funeral/>

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**APPLICATION PROCESS FOR LICENSING AS AN EMBALMER**

- YES I have completed and attached the NH Board of Registration of Funeral Directors and Embalmers Application for Embalmer License.  
(Note: You must answer **ALL** questions, and **sign**, and **date** the form.)
- YES I have requested a certified copy of my official transcripts from any post-secondary institution attended be sent to the NH Board of Registration of Funeral Directors and Embalmers.
- YES I have requested a certified copy of my official transcripts from any mortuary school attended be sent to the NH Board of Registration of Funeral Directors and Embalmers.
- YES I have requested a certified copy of the Conference of Funeral Services Examining Boards certification form with a raised seal be sent to the NH Board of Registration of Funeral Directors and Embalmers.
- YES I have requested that verification of my licensure in the State of \_\_\_\_\_ be sent to the NH Board of Registration of Funeral Directors and Embalmers.
- YES I have attached a certified copy of my birth certificate with raised seal.
- YES I have attached a check or money order for the license fee of \$110 *payable to:* **Treasurer, State of New Hampshire.**
- YES I have completed and attached the NH Department of Safety Criminal Record Release Authorization Form along with a check or money order in the amount of \$25 *payable to:* **State of NH – Criminal Records.**

<u>Print Name:</u>  	<u>Signature:</u>  	<u>Date:</u>  
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**APPLICATION FOR EMBALMER**  
(Please Print or Type)

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Alias: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Physical Address: \_\_\_\_\_  
(Street Number) (City) (County) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(Street Number) (City) (County) (State) (Zip)

E-Mail Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Naturalization: \_\_\_\_\_ Place of Naturalization: \_\_\_\_\_

**Education**

Name of High School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Name of College Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Type of Diploma/Degree:      Diploma ( )    Associate Degree ( )    Baccalaureate ( )    Master's ( )

Name of Mortuary School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Type of Diploma/Degree:      Diploma ( )    Associate Degree ( )    Baccalaureate ( )    Master's ( )

**Licensure** *(List All States Licensed)*

Original License: \_\_\_\_\_  
(State) (Year Issued) (License No.)

Current License: \_\_\_\_\_  
(State) (Expiration Date) (License No.)

**Affidavit of Apprenticeship** (Apprentice Sponsor)

STATE OF NEW HAMPSHIRE County of \_\_\_\_\_ ss.

I, \_\_\_\_\_ being duly sworn, do hereby certify: First, that I am a funeral director and/or embalmer located at \_\_\_\_\_ and that I am actively engaged in embalming in New Hampshire; second, that \_\_\_\_\_ has been engaged in embalming as an apprentice under my instruction and supervision at least 12 months from \_\_\_\_\_ to \_\_\_\_\_ and third, that said apprentice has embalmed or actively assisted at the embalming of not less than 50 dead human bodies under my direction and supervision. License Number \_\_\_\_\_

\_\_\_\_\_  
(Signature of Sponsor)

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_  
\_\_\_\_\_  
Notary Public [SEAL]

**Affidavit of NH Licensed Funeral Director or Embalmer**

STATE OF NEW HAMPSHIRE County of \_\_\_\_\_ ss.

I, \_\_\_\_\_, of \_\_\_\_\_ being duly sworn do hereby certify: First, that I am acquainted with the applicant and have known him/her for \_\_\_\_\_ years; Second, that I hold license number \_\_\_\_\_ to practice funeral directing and/or embalming in the State of New Hampshire ; and third, that I know the applicant personally to be of good professional character and in good professional standing.

\_\_\_\_\_  
(Signature)

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_  
\_\_\_\_\_  
Notary Public [SEAL]

**Affidavit of NH Licensed Funeral Director or Embalmer – Other than Employer**

STATE OF NEW HAMPSHIRE County of \_\_\_\_\_ ss.

I, \_\_\_\_\_, of \_\_\_\_\_ being duly sworn do hereby certify: First, that I am acquainted with the applicant and have known him/her for \_\_\_\_\_ years; Second, that I hold license number \_\_\_\_\_ to practice funeral directing and/or embalming in the State of New Hampshire ; and third, that I know the applicant personally to be of good professional character and in good professional standing.

\_\_\_\_\_  
(Signature)

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_  
\_\_\_\_\_  
Notary Public [SEAL]

**Applicant**

Have you ever:

- a. Had any disciplinary action against a license such as denied, reprimanded, suspended, revoked or probated, or surrendered, educational or practice stipulations, or fines, or a current pending investigation regarding your funeral directing and/or embalming practice? \*Yes ( ) No ( )
- b. Previously or currently been impaired by or diverted any chemical substance? \*Yes ( ) No ( )
- c. Been convicted of a felony or criminal act involving moral turpitude, not including traffic offenses? \*Yes ( ) No ( )
- d. Are you mentally or physically competent to practice funeral directing and/or embalming? Yes ( ) \*No ( )

**\*Note: Please attach a letter of explanation.**

**UNDER PENALTY OF PERJURY, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, reprimand, suspension, revocation of a license (RSA 325:32) and may be grounds for conviction of a misdemeanor (RSA 641:3).**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_