



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

## EMBALMER / FUNERAL DIRECTOR LICENSURE VERIFICATION OF LICENSURE/CERTIFICATION/REGISTRATION

Applicant - Complete the top portion of this form and forward it to each state where you have been licensed, certified or registered as an embalmer or funeral director (make copies as necessary).

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

ADDRESS: \_\_\_\_\_  
NO. & STREET CITY STATE ZIP CODE

I hereby authorize the State of \_\_\_\_\_ to furnish the Connecticut Department of Public Health the information requested below.

Original License, Certification or Registration number \_\_\_\_\_ Date Issued \_\_\_\_\_  
(in the state to which the form is being forwarded)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **DO NOT WRITE BELOW THIS LINE--FOR LICENSING AGENCY USE ONLY**

This is to certify that the above named individual was issued license, certification or registration number \_\_\_\_\_ to practice as an Embalmer  Funeral Director  effective \_\_\_\_\_.

Basis for licensure/certification/registration in your state: Endorsement  Examination

Current licensure/certification/registration Status: Active  Inactive  Lapsed

Date license, certification or registration expires: \_\_\_\_\_

Has this individual ever been subjected to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? Yes  No  If yes, please forward all publicly disclosable information regarding the individual's status and the basis for same. Please advise this office if you require consent for release of this information from the applicant.

SEAL Signed: \_\_\_\_\_ Title \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**PLEASE COMPLETE AND RETURN DIRECTLY TO:  
DEPARTMENT OF PUBLIC HEALTH  
EMBALMER LICENSURE  
410 CAPITOL AVE., MS# 12APP  
P.O. BOX 340308  
HARTFORD, CT 06134 - 0308**