

\*\*\*FOR OFFICE USE ONLY\*\*\*



Signature:

Receipt #:

ID#:

Issue Date:

License #

**Rhode Island  
Board of Embalming and Funeral Directing**

Room 104  
3 Capitol Hill  
Providence, RI 02908-5097

***Instructions and Application For***

**Funeral Establishment**

**Funeral Establishment Branch Office**

License Number of Funeral Establishment

\_\_\_\_\_

*Print Establishment Name*

# GENERAL INFORMATION

## Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....	2
Instructions for Completing Application.....	3
Application Materials	
Application.....	4-6
Application Checklist.....	7
Funeral Director of Record.....	8

## Licensure Requirements for Funeral Establishment or Branch Office

- Application Fee of **\$120.00** (non-refundable).
- Funeral Director of Record
- Compliance with provisions of the Chapter 5-33 of the RI General Laws and the Rules and Regulations

## Ownership Information

You must provide name(s) and address(es) of the ownership of the establishment.

## Rules and Regulations

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

<http://www.health.ri.gov/atoz/>

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the BOARD.

## Application Process

Please allow a minimum of four weeks for the entire licensure process to be completed.

Licenses will be issued within five working days following the Board’s approval of the completed application. Wall permits are mailed approximately two weeks from the date of issuance, and are mailed to the address furnished in the application. It is the applicant’s responsibility to notify the BOARD, in writing, if there are changes during the interim, or at any time after the license is issued. It is the responsibility of the licensee to notify the BOARD in writing within 10 days of a change in the funeral director of record.

Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal Law.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of your BOARD application, please contact the BOARD at (401) 222-2828.

## INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the License application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays. All of the information provided is subject to change.

### General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type the information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information. Be sure to print the establishment's name in the box provided on the cover page.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. It is suggested that a copy of the completed application be made before submitting it to the Board.
5. It is the applicant's responsibility to check on the status of the application.
6. Once your application is complete with all required documents, the license will be issued.

### Completing your License Application

1. Complete the **License Application** pages (4-6). Respond to all components of the application as instructed. If you attach separate pages in continuation of the License application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make a check or money order (in U.S. Funds only) for the application fee of **\$120.00** payable to "**Rhode Island General Treasurer**" and staple it to the upper left-hand corner of the cover (Top) page of the application.

Complete all application materials as instructed and arrange them in order as they appear in the application checklist (see page 7). Do not submit applications without all applicable information, documentation and fee. Mail these components of the application to:

**Rhode Island Department of Health  
Board of Embalming and Funeral Directing, Room 104  
3 Capitol Hill  
Providence, RI 02908-5097**



# State of Rhode Island Board of Embalming and Funeral Directing

## Application for Funeral Establishment

*Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.*

<b>1. Establishment Name:</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;">Facility Name</p>																											
<b>2. Contact Name:</b>  Provide the name of who to contact regarding this facility.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;"> <span style="display: inline-block; width: 33%; text-align: center;">First Name</span> <span style="display: inline-block; width: 33%; text-align: center;">Middle Name</span> <span style="display: inline-block; width: 33%; text-align: center;">Surname, (Last Name)</span> </p>																											
<b>3. Name of Funeral Director of Record</b>  Provide the name of the licensed individual who is responsible for the day-to-day operations of the facility. <b>NOTE:</b> A change in the funeral director of record requires written notification to the BOARD.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;">Funeral Director or Record License Number</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;">First Name</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;">Middle Name</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;">Surname, (Last Name)</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;"> <span style="display: inline-block; width: 25%; text-align: center;">Suffix (i.e., Jr., Sr., II, III)</span> <span style="display: inline-block; width: 10%; text-align: center;">Area Code</span> <span style="display: inline-block; width: 10%; text-align: center;">Phone Number</span> <span style="display: inline-block; width: 10%; text-align: center;">Extension</span> </p>																											
<b>4. Establishment Mailing Information:</b>  Please provide the mailing information for all communication regarding this license. It is your responsibility to notify the board of all address changes.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;">First Line Address</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;">Second Line Address</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;">Third Line Address</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;"> <span style="display: inline-block; width: 50%; text-align: center;">City</span> <span style="display: inline-block; width: 10%; text-align: center;">State/Province</span> <span style="display: inline-block; width: 10%; text-align: center;">Zip Code</span> </p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;"> <span style="display: inline-block; width: 30%; text-align: center;">Country, If NOT U.S.</span> <span style="display: inline-block; width: 10%; text-align: center;">Postal Code, If NOT U.S.</span> </p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;"> <span style="display: inline-block; width: 25%; text-align: center;">Mailing Address Phone</span> <span style="display: inline-block; width: 10%; text-align: center;">Extension</span> <span style="display: inline-block; width: 10%; text-align: center;">Mailing Address Fax</span> </p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;">Email Address (Format for email address is Username@domain e.g. applicant@isp.com)</p>																											
<b>5. Establishment Location Information:</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;">First Line Address</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;">Second Line Address</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;">Third Line Address</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;"> <span style="display: inline-block; width: 50%; text-align: center;">City</span> <span style="display: inline-block; width: 10%; text-align: center;">State/Province</span> <span style="display: inline-block; width: 10%; text-align: center;">Zip Code</span> </p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;"> <span style="display: inline-block; width: 25%; text-align: center;">Facility Phone</span> <span style="display: inline-block; width: 10%; text-align: center;">Extension</span> <span style="display: inline-block; width: 10%; text-align: center;">Facility Fax</span> </p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> <p style="font-size: small; margin-top: 0;">Email Address (Format for email address is Username@domain e.g. applicant@isp.com)</p>																											
<b>6. Type of Ownership</b>  Please Check ONE	<table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Corporation</td> <td style="width: 33%;"><input type="checkbox"/> Limited Liability Company</td> <td style="width: 33%;"><input type="checkbox"/> Partner</td> </tr> <tr> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> Limited Partnership</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Other (Describe):</td> <td><table border="1" style="width: 100%; height: 20px;"></table></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partner	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partnership	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Other (Describe):	<table border="1" style="width: 100%; height: 20px;"></table>																		
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**7. Ownership Information:**

Provide the name address and telephone number(s) of the facility owner(s) in the spaces provided. If necessary, continue below, or on a separate of 8 1/2 X 11" sheet of paper.

[Grid for Name of Owner]

Name of Owner

[Grid for D.B.A. (Doing Business As)]

D.B.A. (Doing Business As)

[Grid for First Line Address]

First Line Address

[Grid for Second Line Address]

Second Line Address

[Grid for Third Line Address]

Third Line Address

[Grid for City]

City

[Grid for State/Province]

State/Province

[Grid for Zip Code]

Zip Code

[Grid for Country]

Country, if NOT U.S.

[Grid for Phone]

Phone

[Grid for Extension]

Extension

[Grid for Fax]

Fax

Postal Code, if NOT U.S.

[Grid for Postal Code]

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

[Grid for Federal Employer Identification Number (FEIN)]

Federal Employer Identification Number (FEIN)

**"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Federal Employer Identification Number (FEIN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."**

**8. Affidavit of Applicant**

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Embalming and Funeral Directing of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

**The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.**

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary

Notary Seal

\_\_\_\_\_  
Notary No/Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)

# APPLICATION CHECKLIST

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Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

## Board Application

- I have read and understand the "Instructions for Completing the Application".
- I have completed the Rhode Island Board application as instructed (pages 4-6).
- I have attached the cover page of the application.
- I have completed Section 8, "**Affidavit of Applicant**", and had the form notarized by a notary public.
- I have a **check or money order** (preferred), made payable (in U.S. funds only) to the "**RI General Treasurer**" in the amount of **\$120.00** and attached it to the upper left-hand corner of the first (Top) page of the application.
  
- I have arranged my Board Application materials in the following order.
  1. Fee (attached as instructed)
  2. Board Application (including cover page) (pages 1 & 4-6)
  3. Funeral Director of Record Registration Form (page 8)
  4. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
  
- I have mailed the above application materials directly to the Rhode Island Department of Health, Board of Embalming and Funeral Directing.



# Rhode Island Board of Embalming and Funeral Directing

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

## FUNERAL DIRECTOR OF RECORD REGISTRATION APPLICATION

**IMPORTANT!** Chapter 5-32.3 of the General Laws of Rhode Island states: "...The funeral establishment licensee shall notify the division in writing, delivered in person or by certified mail, within ten (10) days from the date of termination of employment, for any cause, of the funeral director/embalmer of record with the division for the funeral establishment. The license of the funeral establishment shall expire forty-five (45) days from the date the division was notified by the licensee, if no new funeral director/embalmer is registered with the division. No funeral services shall be conducted at the funeral establishment without a funeral director/embalmer being registered with the division as the funeral director of record for that funeral establishment.

I \_\_\_\_\_, the proprietor or authorized agent of \_\_\_\_\_  
Name of Facility

located at \_\_\_\_\_  
Street City State Zip Code

do hereby make application with the Division of Professional Regulation to register \_\_\_\_\_  
Funeral Director/Embalmer

with the Division as the Funeral Director of Record of said Funeral Establishment

### Funeral Director of Record Residence and License Information

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Funeral Director of Record's License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Funeral Establishment's License Number \_\_\_\_\_

### Recent Photograph of Funeral Director of Record

Securely tape or glue in this square a current 2" x 2" photograph of the funeral director of record (alone).  
  
Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.  
  
Full length photos will not be accepted.



**Write director's name on the back of the photograph, and provide the date that the photograph was taken.**

\_\_\_\_\_ Date of Photograph

I do solemnly swear (affirm) that I am the proprietor of said funeral establishment named in this application, and the photograph attached hereto is a fair likeness of the funeral director of record in my employ; that I have made or read the contents thereof, and to the best of my knowledge and belief of the foregoing statements and answers are true in substance and are made in good faith.

\_\_\_\_\_ Signature of Proprietor

\_\_\_\_\_ Signature of Funeral Director of Record

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.

Notary Seal

\_\_\_\_\_ Name of Notary (Print, Type or Stamp)

\_\_\_\_\_ Signature of Notary

\_\_\_\_\_ Notary No/Commission No.

\_\_\_\_\_ Commission Expiration Date (MM/DD/YY)