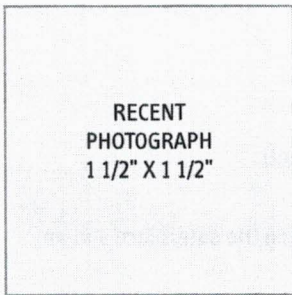


# Application for Registration as a Funeral Director Student



**For Office Use Only**

	Pend.	Rec'd
Reg. Fee		
Birth Cert.		
Marriage Cert.		
Report of Separation		
Alien		
Pocket Card No.		
Cash Line No.		

**Section A To be completed by the first time applicant only**

Name \_\_\_\_\_  
Last First M.I.

Permanent Address \_\_\_\_\_  
Street Address Apt. #

\_\_\_\_\_ City State Zip County

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

U.S. Citizen  Yes  No If yes, provide copy of birth certificate or naturalization paper.

If, NO, are you an alien lawfully admitted for permanent residence in the United States?  Yes  No If yes, provide copy of alien card.

Have you served in the Armed Forces?  Yes  No If yes, provide copy of discharge (member 4 copy).

Were you ever convicted of a violation of law?  Yes  No If "YES," attach copy of conviction indicating the disposition of the case.

Under the penalties of perjury, I affirm that the statements herein are true.

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

**Section B To be completed by applicant who is resuming funeral service studies only**

Name \_\_\_\_\_  
Last First M.I.

Permanent Address \_\_\_\_\_  
Street Address Apt. #

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

Email Address \_\_\_\_\_

Funeral service institution previously attended \_\_\_\_\_

Were you ever convicted of a violation of law?  Yes  No If "YES," attach a copy of conviction indicating the disposition of the case.

Under the penalties of perjury, I affirm that the statements herein are true.

\_\_\_\_\_  
Signature of Applicant Date Telephone

**Section C To be completed by funeral service institution only**

Name of funeral service institution \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Anticipated date of graduation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official Date

\_\_\_\_\_  
Title

**Section A To be Completed by the First Time Applicant**

1. Paste a recent photograph of yourself, face only, in the space provided. Approximate size: 1-1/2" x 1-1/2" (passport size).
2. Attach a \$50 money order or bank check made payable to the **New York State Department of Health**. (NO PERSONAL CHECKS)
3. Attach a copy of your birth certificate.
4. Veterans must attach copy of their separation papers (Member 4 papers).
5. If legal name has been changed, attach a copy of the Court Order directing such a change.
6. If registering under your marriage name, attach a copy of your marriage certificate.
7. If convicted of a violation of law (except for adjudications as a youthful offender or juvenile delinquent):
  - a. Attach a copy of conviction indicating the disposition of the case.
  - b. Attach a statement explaining the circumstances leading up to and including the incident, specifying the date, place and any other persons involved.
8. If not a citizen of the United States:
  - a. Attach a copy of the front and back of your alien card showing you are "lawfully admitted for permanent residency," or a copy of your naturalization papers.

**Section B Instruction for Applicant Resuming Funeral Service Studies**

1. Paste a recent photograph (same as Section A-No. 1)
2. If convicted of a violation of law (except for adjudications as a youthful offender or juvenile delinquent):
  - a. Attach a copy of conviction indicating the disposition of the case.
  - b. Attach a statement explaining the circumstances leading up to and including the incident, specifying the date, place and any other persons involved.

**Section C To Be Completed by the Funeral Service Institution**

The funeral service institution will complete the bottom portion of this application for either first time applicants or for the applicant resuming funeral service studies. Application and related items will be collected by the funeral service institution.

**Do Not Mail This Application to the Bureau of Funeral Directing.**