

Rhode Island Department of Health
Board of Embalmers and Funeral Directors
3 Capitol Hill - Room 104
Providence, RI 02908
(401) 222-2828

APPLICATION FOR REGISTRATION AS FUNERAL/EMBALMER INTERN

I hereby make application for registration and submit the following information as evidence of my eligibility for such registration:

Name _____
(First) (MI) (Last) (Maiden)

Address _____

Date of Birth _____ Home Telephone Number _____

Work Telephone Number _____ SSN: _____

"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 Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending: YES NO

Name of Supervising-Licensed Funeral Director/Embalmer _____

License No. of Funeral Director/Embalmer _____

License No. of Funeral Establishment _____

Name and Address of Funeral Establishment _____

I hereby certify that the above is true and correct, and that I have read and understand the requirements for obtaining a funeral director/embalmer internship in the State of Rhode Island.

Signature

Date

The foregoing instrument was acknowledged before me this _____ day of _____

20____, by _____, who is personally known to me or has produced
_____ as documentation.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary No./Commission No.

Commission expiration Date

Application Fee of \$40.00 must be submitted with this application. Please make check or money order payable to General Treasurer, State of Rhode Island.

NOTE: Body forms should be submitted on a quarterly basis: Jan. 15th, Apr. 15th, Jul. 15th and Oct. 15th.

Rules and Regulations can be accessed at: http://www.health.ri.gov/hsr/professions/emb_fun_dir.php

Rhode Island Department of Health
3 Capitol Hill, Providence RI, 02908-5097
(401) 222-2828

Statement of Funeral Director/Embalmer

Name of Funeral Director/Embalmer _____

Internship No. _____ Internship Began On: _____

<u>Date</u>	<u>Name of Deceased</u>	<u>Address of Deceased</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Bodies Embalmed Under the Supervision of:

Signature and License Number of Funeral Director/Embalmer

CITY OF _____ STATE OF _____ SUBSCRIBED

AND SWORN TO BEFORE ME THIS _____ DAY OF _____
20_____.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____