



## **EMBALMER INFORMATION AND CHECKLIST**

Business and Professions Code Section 7643 defines the requirements for licensure as an embalmer as follows:

In order to qualify for a license as an **embalmer**, the applicant shall comply with the following requirements:

7643. In order to qualify for a license as an embalmer, the applicant shall comply with all of the following requirements:

- (a) Be over 18 years of age.
- (b) Not have committed acts or crimes constituting grounds for denial of licensure under Section 480.
- (c) Have completed at least two years of apprenticeship under an embalmer licensed and engaged in practice as an embalmer in this state in a funeral Establishment which shall have been approved for apprentices by the bureau and while so apprenticed shall have assisted in embalming not fewer than 100 human remains; provided, however, that a person who has been licensed and has practiced as an embalmer for a minimum of three years within the seven years preceding his or her application in any other state or country and whose license has never been suspended or revoked for unethical conduct shall not be required to serve any apprenticeship in this state.
- (d) Have graduated from a mortuary science program approved by the bureau and accredited by the American Board of Funeral Service Education, or its equivalent, as determined by the bureau, and furnished official transcripts from that program or equivalent.

## **APPLICATION CHECKLIST**

- A completed and signed application and examination fee (\$280)
- “Official transcripts”** sent directly from your educational institution(s)
- “Official certified copy”** of your National Board Examination (sciences section) score from The International Conference of Funeral Services Examining Boards, Inc.
- Copy of Request for *Live Scan Service* form verifying that fingerprints have been scanned and all applicable fees have been paid.

**“Official Transcripts”** are transcripts sent directly from the educational institution, in a sealed envelope, to the Cemetery and Funeral Bureau at 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834

**“Official Certified Copies”** are examination scores sent directly from The International Conference of Funeral Services Examining Boards, Inc., in a sealed envelope, to the Cemetery and Funeral Bureau at 1625 N. Market Blvd., Suite S-208, Sacramento, CA 95834

## **OUT OF STATE APPLICANTS**

- Has Section I been completed by the applicable state? If more than one certification is required, copies of the certification form may be made for completion by any additional state(s) where you hold an embalmer license.
- Has Section J of the application been completed by your former employer(s), if applicable? The certifications are to be completed by former employers or associates who have personal knowledge of and can attest to your practice as a licensed embalmer, and must include exact dates of employment. The certification may be copied if additional forms are needed.

Mail your completed application with the \$280 application fee (made payable to the Cemetery and Funeral Bureau) to: Cemetery and Funeral Bureau, P.O. Box 989003, West Sacramento, CA 95798-9003



**APPLICATION FOR EMBALMER EXAMINATION AND LICENSURE**  
**APPLICATION FEE \$280**

|  |
|--|
| <b>License Number Issued</b><br><b>EMB</b> |
|--|

**SECTION A: APPLICANT INFORMATION**

|   |                          |                             |                        |          |
|---|--------------------------|-----------------------------|------------------------|----------|
| Last Name                                 |                          | First Name                  |                        | Middle   |
| Residence Address                         |                          | City                        | State                  | Zip Code |
| Mailing Address (If different from above) |                          | City                        | State                  | Zip Code |
| Residence Telephone Number                | Daytime Telephone Number | Date of Birth               | Social Security Number |          |
| E-mail Address (Not required)             |                          | Former Name (If applicable) |                        |          |

**SECTION B: EDUCATION**  
 (To be eligible to take the embalmers exam the applicant must supply proof of educational requirements.)

Have you requested/submitted "Official Transcripts" from your high school and college be sent directly to the Bureau?  
 Yes  No  If no, you will not be issued a license until the Bureau receives "Official Transcripts" and all other requirements for licensure have been met.

**Current Mortuary Science Students** have your school complete Section G to be to be scheduled for the exam in lieu of college transcripts. Prior to licensure, an "official" copy of your Mortuary Science Degree transcripts must be mailed directly to the Bureau.

"Official Transcripts" are transcripts sent directly from the educational institution, in a sealed envelope, to the Cemetery and Funeral Bureau at 1625 North Market Blvd., Ste. S-208, Sacramento, CA 95834.

**SECTION C: APPRENTICE INFORMATION**

Are you serving an apprenticeship in California? Yes  No  If yes, is it? Fulltime  Student Status

California Apprentice Certificate Number? \_\_\_\_\_ California Apprenticeship completed? Yes  No

**SECTION D: OUT OF STATE EMBALMERS**

Are you licensed, or have you been licensed, as an embalmer in another state(s)? Yes  No   
 If yes, have the certification(s) completed on page 3 and sent to the Bureau.

Have you practiced as a licensed embalmer a minimum of three of the last seven years? Yes  No   
 If yes, have the certification(s) completed on page 4 and sent to the Bureau.

**SECTION E: EXAMINATION INFORMATION**

Have you previously taken the examination you are applying for? Yes  No   
 If yes, indicate previous test date(s) \_\_\_\_\_

Are you applying to take more than one exam on the same date? Yes  No   
 If yes, what other exam have you applied to take? \_\_\_\_\_

**FOR BUREAU USE ONLY**

|                         |                               |                   |              |                      |
|-------------------------|-------------------------------|-------------------|--------------|----------------------|
| Date Cashiered          | Amount Cashiered              | ATS Number        |              | Receipt Number       |
| SID Number/On File With | Official Transcripts Received | Enforcement Check | Exam Results | Date Licensed Issued |

**SECTION F: BACKGROUND INFORMATION**

Has the Cemetery and Funeral Bureau ever issued you a personal license? Yes  No

If yes, provide license type(s), number(s) and issue d(s) \_\_\_\_\_

Have you previously submitted fingerprint cards or a copy of a Request for Live Scan Service to the Cemetery and Funeral Bureau? Yes  No

If yes, for what license type, and the approximate date. \_\_\_\_\_

If no, submit a copy of your completed Request for Live Scan Service form, along with this application, verifying that fingerprints have been scanned and all applicable fees have been paid.

Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country? Yes  No

If yes, attach an explanation that includes the license type, the action taken, by what state, and the date. Also include a copy of the administrative action, and if applicable, copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation.

**SECTION G: APPLICANT CERTIFICATION**

*I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.*

**Signature of Applicant**

**Date**

**Note:** The information solicited on this form is required pursuant to Business and Professions Code Section 7642 and 7643. All items in this application are mandatory; none are voluntary, unless indicated. Failure to provide any of the requested information will result in the application being considered incomplete (incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies). All information provided will be used to determine qualification for licensure, per the Business and Professions Code that authorizes the collection of this information. Per California Civil Code Section 1798.17 (Information Practice Act), the Chief of the Cemetery and Funeral Bureau is responsible for maintaining information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code. Requests for information may be addressed to the custodian of records: Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S208, Sacramento, CA 95834 (916) 574-7870.

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c)) authorizes the collection of your Social Security Number (SSN). The disclosure of your SSN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.

**SECTION H: CURRENT EMBALMING COLLEGE STUDENTS**

**Certification of Embalming College**

This is to certify that \_\_\_\_\_ is expected to  
(name of applicant)

successfully complete a course in Mortuary Science at \_\_\_\_\_  
(name of embalming college or school)

which includes the subjects specified in Section 7646 of the Business and Professions Code of the State of California. The

Expected class completion date is \_\_\_\_\_.  
(month/day/year)

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Seal

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

\_\_\_\_\_  
Date signed and sealed

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**SECTION I: OUT OF STATE LICENSEES**

**Certification of Licensure as an Embalmer  
(To be completed by a State official)**

According to the records maintained by the \_\_\_\_\_  
(Name of Licensing Agency)

of the State of \_\_\_\_\_, Embalmers License No. \_\_\_\_\_

was issued to \_\_\_\_\_ on \_\_\_\_\_  
(Name of Applicant) (Month, Day and Year of Issuance)

Expiration Date \_\_\_\_\_ Examination Score \_\_\_\_\_ Length of Apprenticeship \_\_\_\_\_

Has this license been in full force since date of issue?

If no, give time period(s) during which licensure was not in effect:

Yes  No

Has this license ever been suspended or revoked? If yes, please send a copy of the record of disciplinary action directly to the California Cemetery and Funeral Bureau under separate cover.

Yes  No

I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Signature of State Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**SECTION J: OUT OF-STATE LICENSEES**

**Proof of out-of-state Practice as Licensed Embalmer**

(To be completed by former employer)

This is to certify that \_\_\_\_\_  
(Name of applicant)

is/was licensed as an embalmer in the State of \_\_\_\_\_ and has practiced as

an embalmer from \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_  
(month/day/year) (month/day/year) (Name of Firm)

located in \_\_\_\_\_  
(City and State)

To the best of my knowledge, his/her license has never been suspended or revoked.

As an  Employer  Associate of the above-named individual, I have personal knowledge of the foregoing information. I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Firm

**Proof of out-of-state Practice as Licensed Embalmer**

(To be completed by former employer)

This is to certify that \_\_\_\_\_  
(Name of applicant)

is/was licensed as an embalmer in the State of \_\_\_\_\_ and has practiced as

an embalmer from \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_  
(month/day/year) (month/day/year) (Name of Firm)

located in \_\_\_\_\_  
(City and State)

To the best of my knowledge, his/her license has never been suspended or revoked.

As an  Employer  Associate of the above-named individual, I have personal knowledge of the foregoing information. I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Firm



**CEMETERY AND FUNERAL BUREAU**

1625 North Market Blvd., Suite S-208, Sacramento, CA 95834

P (916) 574-7870 | F (916) 928-7988 | www.cfb.ca.gov



**SUPPLEMENTAL APPLICATION FOR LICENSURE**

Applicants for the following licensure categories must complete and submit this form with their application.

- Funeral Director
- Cemetery Manager
- Crematory Manager
- Embalmer
- Cemetery Broker
- Cremated Remains Disposer
- Apprentice Embalmer
- Cemetery Salesperson

| <b>APPLICANT INFORMATION</b>   |                         |               |  |
|--|-------------------------|---------------|--|
| LAST NAME  | FIRST NAME              |               | MIDDLE INITIAL   |
| ADDRESS  | CITY                    | STATE         | ZIP CODE   |
| PHONE NUMBER (optional)  | SSN OR ITIN             |               |  |
| FORMER NAME ON LICENSE (if applicable)   | LICENSE(S) APPLYING FOR |               |  |
| <b>BACKGROUND INFORMATION:</b>   |                         |               |  |
| <p>Have you ever served in the United States Military?</p> <p>If yes, you may qualify for expedited processing of your application. Any experience or education received while serving in the military may be eligible to be applied towards licensure requirements. While responding is optional, you must respond to the question to qualify.</p>  |                         |               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>Business and Professions Code section 135.4 provides that the Cemetery and Funeral Bureau must expedite, and may assist, the initial licensure process for certain applicants described below.</p> <p>Do any of the following statements apply to you:</p> <ul style="list-style-type: none"> <li>• You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;</li> <li>• You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,</li> <li>• You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.</li> </ul> <p>If you selected YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.</p> |                         |               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>CERTIFICATION OF APPLICANT</b>  |                         |               |  |
| <p>I certify under penalty of perjury, under the laws of the State of California, that all information provided on this form is true and correct.</p>  |                         |               |  |
| _____<br>SIGNATURE   |                         | _____<br>DATE |  |



## CEMETERY AND FUNERAL BUREAU

1625 North Market Blvd., Suite S-208, Sacramento, CA 95834

P (916) 574-7870 | F (916) 928-7988 | [www.cfb.ca.gov](http://www.cfb.ca.gov)



### NOTICE ON COLLECTION OF PERSONAL INFORMATION

#### Collection and Use of Personal Information

The Department of Consumer Affairs Cemetery and Funeral Bureau (Bureau) collects the personal information requested on this form in accordance with Business and Professions Code (BPC) sections 30, 114.5, 115.4, 115.5, 144, 144.5, 480, the Cemetery and Funeral Act (BPC section 7600, et. seq.), and the Information Practices Act (Civ. Code section 1798, et seq.). The Bureau uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing and reporting standards set by law and regulation.

#### Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the application and/or form. The Bureau cannot consider your application for licensure or renewal unless you provide all of the requested information.

Failure to provide any of the requested information will result in the application being deemed incomplete pursuant to California Code of Regulations, title 16, sections 1254, 2328 and 2329. Incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies.

In addition, BPC sections 30 and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(C)) authorize the collection of your Federal Employer Identification Number (FEIN) or Social Security Number (SSN) at the time of licensure. The information will be used for purposes of tax or child support enforcement, and verification of licensure and examination status. If you fail to disclose your FEIN or SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

#### Access to Personal Information

The Bureau is responsible for maintaining the information contained within this application. You may request a copy of or review the records maintained by the Bureau that contain your personal information, as permitted by the Information Practices Act. You may submit your request to the Bureau's Custodian of Records listed in the contact information section below.

#### Possible Disclosure of Personal Information

The Bureau makes every effort to protect the personal information you provide us. The information you provide, however, may be disclosed under the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250, et seq.),
- To another government agency as required by state or federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

#### Contact Information

For questions about this notice or access to your records, you may contact the Custodian of Records, Cemetery and Funeral Bureau at 1625 North Market Boulevard, Suite S-208, Sacramento, CA 95834, by phone at (916) 574-7870, or by e-mail at [emailcfb@dca.ca.gov](mailto:emailcfb@dca.ca.gov). For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at [dca@dca.ca.gov](mailto:dca@dca.ca.gov).