Funeral Director In Charge Affidavit

Printed Name of Applicant: _____

Applicant's Residence: _____(Street Address),

_____ (City) _____State)

Name of Establishment: _____

Establishment's Location: _____(City), _____ (State)

I, hereby apply to the Oklahoma Funeral Board (OFB) to be approved as the Funeral Director in Charge of the funeral service establishment identified above.

I understand that I am and will be fully responsible for the legal and ethical operation of the establishment and that I am and will be accountable to the OFB. I further certify that: I am and will be a full time employee of the establishment identified above; the above identified establishment is and will be my principal place of employment; and I reside and maintain and will continue to reside and maintain my permanent residence within 60 miles of the above identified establishment. I further understand that if my employment terminates for any reason, voluntary or involuntary, I must and will notify the OFB within 10 days of the termination.

I affirm that I have read and that I understand the Oklahoma Funeral Service Licensing Act and the Rules of the OFB. I further certify that I am a licensed Funeral Director and Embalmer in the State of Oklahoma and that the information contained within this document is true and correct.

Printed Name: _____

Signature: _____ Date:_____

Subscribed and sworn to before me, the undersigned Notary Public of the State of Oklahoma, on the _____ day of _____, 2_____.

_____
Notary Public

My Commission Number: _____
My Commission Expires: _____ (SEAL)