

### 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 90 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)