



Doug A. Ducey
Governor

Arizona State Board of Funeral Directors & Embalmers
Judith Stapley, Executive Director

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Notarized Statement for Sales Endorsement Application

This form must be completed by the responsible funeral director of the establishment applying for the endorsement

Responsible Funeral Director:	License #	
Name of Establishment:		
Establishment Address:		
City:	State:	Zip:
Phone Number:		
I, _____, am the Responsible Funeral Director verifying the information for the Sales Endorsement Application is true and correct.		
Signature of Funeral Director: _____		
The designated representative can be one of the following: Manager, corporate officers', owner's, trustee's or any controlling person's		
I, _____, am the _____ for the above named funeral establishment verifying the information for the Sales Endorsement Application is true and correct.		
Signature of aforementioned designated representative: _____		

Subscribed and Sworn To Before A Notary Public: State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public Signature _____

My Notary Commission Expires _____

(OFFICIAL STAMP)