



Doug A. Ducey  
Governor

### PREARRANGED FUNERAL ENDORSEMENT VERIFICATION

THIS FORM MUST BE COMPLETED BY THE RESPONSIBLE FUNERAL DIRECTOR OF THE ESTABLISHMENT  
APPLYING FOR THE ENDORSEMENT

Name of Establishment:		
Location:		
City:	State:	Zip:
Phone Number:	Endorsement Number:	
Email:		
<b>Print owners name below:</b>		
I, _____, am the owner for the above named funeral establishment and hereby verify for this applicant.		
<b>Signature of Owner:</b>		
<b>Print Funeral Directors name below:</b>		
I, _____, am the Responsible Funeral Director for the above named funeral establishment.		
<b>Signature of Funeral Director:</b>		

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)