



Arizona State Board of Funeral Directors & Embalmers
"Protecting the Public's Health"

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Doug A. Ducey
Governor

PREARRANGED FUNERAL SALESPERSON VERIFICATION
THIS FORM MUST BE COMPLETED BY THE RESPONSIBLE FUNERAL DIRECTOR
AT THE ESTABLISHMENT WHERE YOU WILL BE EMPLOYED.

Print applicants name: _____, will be employed or engaged
by the undersigned as a seller of prearranged funeral agreement if this license is issued.

Name of Establishment:		
Location:		
City:	State	Zip
Phone Number:	Endorsement Number:	
Email Address		
Print Name		
I, _____, am the Responsible Funeral Director for the above named funeral establishment and hereby verify that this applicant will be employed here.		
Signature:		

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)