



Doug A. Ducey  
Governor

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

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**Instructions: The Funeral Director should complete this notarized form, then return to the applicant. The applicant is required to submit (upload) this completed form when applying to E-licensing.**

## Professional/Personal Endorsement Verification

Name of applicant: \_\_\_\_\_

I, \_\_\_\_\_ hereby state that I am a licensed funeral director and embalmer duly licensed in the state of \_\_\_\_\_.

My license number(s): \_\_\_\_\_ Issue date: \_\_\_\_\_

I have personally known the individual listed for \_\_\_\_\_ years and hereby attest to the applicant's good character, reputation and professional ability. I recommend the Board's approval of the named applicant.

Email address \_\_\_\_\_

Address: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of endorsee: \_\_\_\_\_

Duly acknowledged, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary public \_\_\_\_\_