



West Virginia Courtesy Card License Verification Form

IMPORTANT NOTE:
This form must be completed by a representative from the State Licensing Board in your state of residence & then mailed directly from their office to our office at:
179 Summers Street, Suite 305, Charleston, WV, 25301.

Applicant Name (Last, First, MI)		
Address		
City	State	Zip

State of _____, County of _____ to wit:

I, _____, having jurisdiction over matters pertaining to the licensing of funeral directors, embalmers, or funeral service practitioners in the state of _____, do herewith furnish the State of West Virginia the following information and do attest to the factual accuracy of same in accordance with the records maintained.

I hereby certify that the above-named applicant was issued a license to practice funeral directing AND embalming, License No(s). _____, in this state on the _____ day of _____, _____.

The status of this license is: _____ Current (Active) _____ Inactive

The above-named applicant _____ HAS _____ HAS NEVER suffered suspension or revocation or any other disciplinary action.

****If the applicant has been disciplined, explain & attach appropriate documentation.**

Board Seal

Signature of Agency Head or Representative

Title

Date