



# 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 319, 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 \_\_\_\_\_, year \_\_\_\_\_.

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