



## FUNERAL MANAGER FORM

*This form must be submitted in conjunction with an initial or amended Funeral Facility applications. This form will not be processed until the aforementioned application is received.*

### Facility Manager Requirements:

A licensee is qualified to be designated as the Funeral Facility Manager when the following requirements are met:

1. Must be licensed with the SC Board of Funeral Services for at least one year;
2. Is a regular, full-time employee of the business who is responsible for the day-to-day management of the facility including compliance with all funeral service laws; and
3. Lives within 75 miles of the facility

### Submit the following with this form:

- **Proof of Residency:** Document must list applicant name and prove residency within 75 miles of Funeral Facility. Submit one of the following: property tax bill for the permanent residence, current mortgage statement, copy of rental lease listing all occupants, real estate closing documents, etc.).

### LICENSEE INFORMATION

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Date of License Issuance: \_\_\_\_\_ (Verify with [Licensee Lookup](#))

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Cannot be a PO Box)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### FACILITY

Name of Facility: \_\_\_\_\_ Permit No. (if applicable): \_\_\_\_\_

Facility Type (Check one): ☐ Funeral Home ☐ Crematory

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Cannot be a PO Box)

### EMPLOYMENT

For any answers of "No", a written explanation must be included.

1. Are you currently or upon facility opening will you be a regular employee (minimum of 35 hours per week for the entire normal year of operation) of the company? ☐ Yes ☐ No
2. Are you currently or upon facility opening will you have responsibly of and binding authority from the owner for the day-to-day management of the facility? ☐ Yes ☐ No

**ATTESTATION**

I certify that I have been licensed as a Funeral Director in South Carolina for more than one year and live within seventy-five miles of the Funeral Facility with which I am or to become the manager. If approved, I intend continue to live within seventy-five miles of the facility and maintain regular, full-time employment with the company. If any changes occur to my place of residence or employment, I will notify the Board immediately.

I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that the information provided or in connection with this application may be investigated and verified, and false or incorrect information provided by me may result in the cancellation of any permit and/or license issued pursuant to this application as well as the filing of appropriate civil and criminal proceedings.

I hereby represent and warrant to the Board that I will, at all times, comply with the South Carolina Funeral Services Laws and Regulations.

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Signature of Licensee

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Date

**PRIVACY DISCLOSURE**

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.