



Crematory Operator Requirements and Registration Process Overview

Before calling in to the Board Office - You may check your registration status online at:
<https://llr.sc.gov/fs/>

Registration Requirements:

An individual is qualified to receive a **Crematory Operator** registration when the following requirements are met:

1. Submit a complete application and pay the application fee to the Board.
2. Successfully complete a Board-approved crematory operator training course and submit the certification of completion to the Board.
3. Provide the Board with an official statewide criminal background check for every state you have resided in within the past 5 years.

Registration Process Overview:

Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period; you must resubmit the application. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

1. **Application** – In addition to a completed application, the following must also be sent:
 - **Identification:**
 - Copy of your valid Driver's License, State Issued ID, Passport, or military ID
 - Copy of your Social Security Card
 - **Crematory Operator Training:** A copy of the certificate of completion from a Board-approved crematory operator training course must be submitted with your application. The current Board-approved training courses are:
 - **NFDA Cremation Certification Program** – For information on this program, visit the National Funeral Directors Association at <https://www.nfda.org/for-you/education/certification-training/>.
 - **CANA's Crematory Operations Certification Program** – For more information on this program, visit the Cremation Association of North America at <https://www.cremationassociation.org/cocp.html>
 - **Matthews Environmental Solutions** (effective December 4, 2024-any Matthews course taken before this date is not accepted) – For more information on this program, visit Matthews Environmental Solutions at <https://market.matthewscremation.com>
 - **Notarized [Verification of Lawful Presence Form](#)**

- **Legal documentation of name change** (marriage certificate, divorce decree, etc.)
 - **Background Check:** An official statewide criminal background check for the state(s) you have resided within the past five (5) years is required. If a conviction (or guilty plea) is reported, the applicant must provide a written explanation on the matter. Applicants with prior criminal convictions and/or guilty pleas will be reviewed on a case-by-case basis and may be required to appear before the Board regarding the background check results.
 - **Personal History Questions:** For any “Yes” answer in the Personal History section, you must provide a [detailed statement of the events](#) surrounding the conviction(s), denial or discipline of licensure, including all pertinent information (such as charges, dates, locations, and sentences). Provide copies of any case, file or licensing documents or records showing the final disposition, if applicable.
2. **Issuance of Registration:** Upon receipt of a complete approved application, the Board office will send notification of registration. A copy of the registration may be printed from the Online Portal at <https://eservice.llr.sc.gov/PocketCard/>. A physical copy of the certificate will be mailed to the mailing address indicated on the application.



CREMATORY OPERATOR REGISTRATION

Your application is good for one (1) year from the date of receipt. If all the required information is not received within this one (1) year period, you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

Submit the following with your application:

- \$50 Check or money order made payable to LLR-Board of Funeral Service (Fees are non-refundable and non-transferrable). A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. NO CASH IS ACCEPTED.
- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your Social Security Card
- Notarized [Verification of Lawful Presence Form](#) (attached)
- Certificate of Completion for Board-approved Crematory Operator Training Course
- Official statewide criminal background check for the state(s) you have resided within the past five (5) years.
- Legal documentation of name change (marriage certificate, divorce decree, court order, etc), *if applicable*

I. APPLICANT INFORMATION:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Have you ever legally changed your name? ☐ Yes ☐ No Maiden/Prior Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security No.: _____

For statistical purposes only: Race: _____ Gender: ☐ Female ☐ Male

II. PRIOR RESIDENCES

List all places of residence during the last five years, beginning with the most recent. Attach additional sheet, if needed.

Address	From (mo/yr)	To (mo/yr)

III. BUSINESS/EMPLOYMENT INFORMATION

Crematory Name: _____

Crematory Registration No. _____ Phone: _____

Address: _____

IV. EDUCATION

Only Board-approved crematory operator training courses will be accepted. A list of approved courses can be found on the Crematory Operator Requirements and Registration Process Overview.

Course Name: _____ Date of Completion: _____

V. PERSONAL HISTORY

All questions must be answered. You must complete the [Explanation Form](#) for any “Yes” answers. Provide copies of any case, file or licensing documents or records showing the final disposition, if applicable.

1. Have you ever had any license to practice in the funeral profession denied, suspended, revoked, and/or surrendered by the licensing authorities in this or any other state or jurisdiction? ☐ Yes ☐ No
2. Have you ever had any other business or professional license of any type suspended, revoked, and/or surrendered in this or any other state or jurisdiction? ☐ Yes ☐ No
3. Have you ever been convicted of or pled guilty or nolo contendere to a felony, a crime involving drugs, or a crime that directly relates to the duties, responsibilities, or fitness for being an embalmer or a funeral director? ☐ Yes ☐ No

Instructions: Include any convictions for which you have been pardoned and specifically identify the conviction(s) you received pardons for, the dates of those pardons, and include a copy of the pardon. Exclude any convictions for which you have received an expungement or for which you received a non-judicial punishment from the military (a.k.a. an Article 15 or “Captain’s Mast”).

VI. ATTESTATION

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 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 State Board of Funeral Service laws and regulations.

Applicant Signature

Date

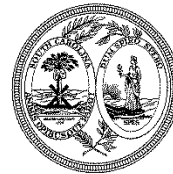
PRIVACY DISCLOSURE:

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 registration 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.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or
2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)