



## **STUDENT FUNERAL DIRECTOR AND/OR EMBALMER CERTIFICATE PERMIT REQUIREMENTS AND APPLICATION PROCESS OVERVIEW**

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

### **PERMIT REQUIREMENTS**

A person is qualified to receive a **Student Funeral Director** permit when the following requirements are met:

1. Be at least 18 years of age or older.
2. Be currently enrolled in an accredited mortuary science college and maintain a minimum of part-time status. If engaging in funeral service activities during the academic training as part of the curriculum, the funeral service activity statement on the Mortuary College Enrollment Verification Form must be completed and notarized.

A person is qualified to receive a **Student Embalmer** permit when the following requirements are met:

1. Be at least 18 years of age or older.
2. Be currently enrolled in an accredited mortuary science college and maintain a minimum of part-time status. If engaging in funeral service activities during the academic training as part of the curriculum, the funeral service activity statement on the Mortuary College Enrollment Verification Form must be completed and notarized.

A person is qualified to receive a dual **Student Funeral Director and Embalmer** permit when all of the above requirements have been met.

### **APPLICATION 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:

- Application Fee: Checks or money orders should be made out to SC Board of Funeral Service. (Fees are non-refundable and non-transferable) A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
  - \$25 for Student Funeral Director certificate only
  - \$25 for Student Embalmer certificate only
  - \$50 for dual Student Funeral Director and Embalmer certificate
- Identification:
  - Copy of your valid driver's license, state issued ID, passport or military ID
  - Copy of Social Security card
- Notarized [Verification of Lawful Presence Form](#)
- Legal documentation of name change (marriage certificate, divorce decree, etc.)
- 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.
- [Mortuary College Enrollment Verification Form](#): Form must be signed and notarized.

2. **Permitting** – Upon receipt of completed application, the Board office will send notification of permit issuance. A copy of the permit may be printed from the Online Portal at <https://eservice.llr.sc.gov/PocketCard/>. A physical copy of the permit will be mailed to the mailing address indicated on the application.
3. **Student Permit Maintenance** – To retain a student permit, individuals must remain enrolled in the specified mortuary science college on a minimum part time basis. Student permits shall expire when the student ceases to be enrolled.



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Funeral Service**  
110 Centerview Dr. • Columbia • SC • 29210  
P.O. Box 11329 • Columbia • SC 29211-1329  
Phone: 803-896-4497 • Contact.Funeral@llr.sc.gov • Fax: 803-896-4554  
llr.sc.gov/fs

## APPLICATION FOR STUDENT FUNERAL DIRECTOR AND/OR EMBALMER PERMIT

*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 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:

- 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.

### Type of Application (check one):

- ☐ \$25 – Student Funeral Director    ☐ \$25 – Student Embalmer  
☐ \$50 – Dual Student Funeral Director and Embalmer

- 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)
- Legal documentation for name change (marriage cert., divorce decree, court order, etc.), if applicable
- [Mortuary College Enrollment Verification Form](#)

## I. APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Have you ever legally changed your name? ☐ Yes ☐ No Prior Name/Alias: \_\_\_\_\_

If yes, you are required to enclose a copy of the legal document indicating the official change.

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: Race: \_\_\_\_\_ Gender: ☐ Female ☐ Male

## II. EDUCATION

You must be enrolled in a Mortuary College approved by the Board. For a complete application, the [Mortuary College Enrollment Verification Form](#) must be submitted along with the application.

Mortuary College: \_\_\_\_\_ State: \_\_\_\_\_

Program Study: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

### III. 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”).

### IV. 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 Funeral Services Laws and Regulations.

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Applicant Signature

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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.



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## **MORTUARY COLLEGE ENROLLMENT VERIFICATION FORM**

Student/Applicant Name: \_\_\_\_\_

Mortuary College: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Program Director: \_\_\_\_\_

### **Enrollment**

I certify that the above-named applicant is an enrolled student with a minimum of part-time student status.

Enrollment Date: \_\_\_\_\_ Program of Study: \_\_\_\_\_

### **Funeral Service Activities**

I certify that any funeral service activities in which the above-named student engages will be in conjunction with the student's academic training and under the supervision of a SC Funeral Board licensee designated by the program.

\_\_\_\_\_  
Program Director or Registrar Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Phone

Sworn to and subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20\_\_\_\_ .

*(Notary Seal)*

Notary Signature: \_\_\_\_\_

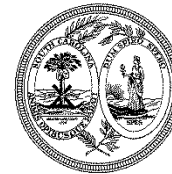
Print Name: \_\_\_\_\_

Notary for the State of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_



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)