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

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: _____