

This form may be completed on-line, then printed and e-mailed, faxed or mailed to the address listed below.



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit  
P.O. Box 94986  
Lincoln, Nebraska 68509-4986  
Phone: 402-471-4918  
E-mail: [dhhs.licensure2117@nebraska.gov](mailto:dhhs.licensure2117@nebraska.gov)  
Fax: 402-742-1106

**EXAMINATION REGISTRATION  
FUNERAL DIRECTOR AND EMBALMER  
JURISPRUDENCE AND VITAL STATISTICS**

Please Type or Print Clearly

**SECTION A: PERSONAL INFORMATION**

1.	Name	First	Middle	Last
2.	Mailing Address	PO/Street:		
		City	State	Zip
3.	Telephone # (Optional)		E-mail (optional)	
4.	Date you are requesting to take examination (Check month)	<input type="checkbox"/> January	<input type="checkbox"/> April	<input type="checkbox"/> July <input type="checkbox"/> October

You will be notified of the specific testing date upon receipt of this application. Examinations are typically held the 3<sup>rd</sup> or 4<sup>th</sup> Thursday of each of the months listed.

If you are requesting an examination accommodation, this form is available from the Licensure Unit.  
The information requested and any documentation regarding your disability and your need for accommodation in testing will be considered a confidential record and will not be shared with any outside source without your express written permission, unless release is ordered by a court of competent jurisdiction, or otherwise authorized by law.

**SECTION B: ATTESTATION**

I hereby state that I am the person making application and the statements on this application are true and complete.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
date