



**STATE OF NEBRASKA**  
 Division of Public Health – Licensure Unit  
 P.O. Box 94986, Lincoln, Nebraska 68509-4986  
 402-471-4918 rita.watson@nebraska.gov

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

Please Type or Print Clearly – It is your responsibility to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

**SECTION A - PERSONAL INFORMATION (All applicants must complete this section)**

1.	Name	First	Middle	Last
2.	Mailing Address	PO/Street:		
		City	State	Zip
3.	Telephone (Optional)			

4.	Date 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 or by contacting [rita.watson@nebraska.gov](mailto:rita.watson@nebraska.gov)

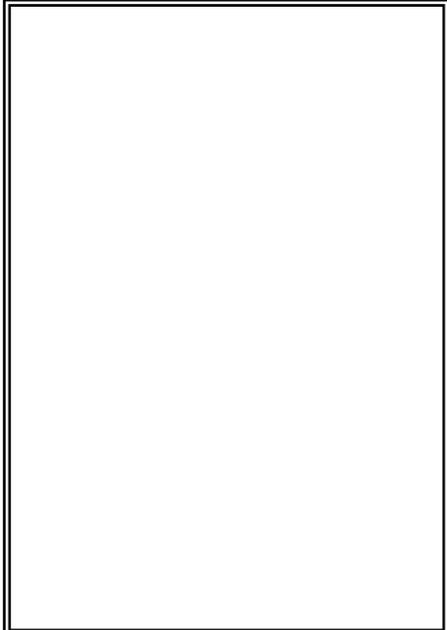
If you are requesting an examination accommodation, this form is available from the Licensure Unit.

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 - PHOTOGRAPH (All applicants must provide a photograph for purposes of identification and admission to the Examination. Applicants may request to have the photograph returned to them following the examination.)**

Attach a recent photograph(s) in the space provided to the right, measuring approximately 2" x 3".

Picture must be a frontal view of applicant's head and shoulders.



**SECTION C – ATTESTATION**

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

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

\_\_\_\_\_ date