

STATE BOARD OF FUNERAL DIRECTORS

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E-mail: st-funeral@pa.gov
Website: www.dos.pa.gov/funeral

Mailing Address:
State Board of Funeral Directors
PO Box 2649
Harrisburg, PA 17105-2649

Courier Address:
State Board of Funeral Directors
2525 North 7th Street - Suite 330
Harrisburg, PA 17110

APPLICATION FOR A SHARED FUNERAL ESTABLISHMENT

FEE: \$150.00 NON-REFUNDABLE APPLICATION FEE.

CHECK OR MONEY ORDER ONLY, MADE PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA."
THERE IS A \$20.00 CHARGE FOR ALL CHECKS RETURNED "NOT PAID" REGARDLESS OF THE REASON FOR NON-PAYMENT.

60 DAYS ADVANCE NOTIFICATION TO THE BOARD OF YOUR DESIRE TO SHARE THE ESTABLISHMENT IS REQUIRED ALONG WITH A CERTIFIED COPY OF THE AGREEMENT UNDER WHICH YOU PLAN TO CONDUCT YOUR RESPECTIVE BUSINESSES AT THE SAME LOCATION (SEE §13.103 AND §13.108 OF THE FUNERAL BOARD REGULATIONS).

SECTION 1:

EXISTING FUNERAL HOME ESTABLISHMENTS requesting to move to a Shared Location must also submit a 'CHANGE OF LOCATION' application (Paper Request Forms may be found at www.dos.pa.gov/funeral under General Board Information/Application Forms. **NEW FUNERAL HOME ESTABLISHMENTS** must also complete an online Initial application. (Online applications can be submitted at www.pals.pa.gov).

FUNERAL HOME NAME: (Requesting Funeral Home)	
Funeral Home License Number for Existing or PALS Application Number if new Funeral Home):	
Previous Address of Funeral Home (If existing Funeral Home):	
Previous Telephone Number (If existing Funeral Home):	
FUNERAL HOME NAME: (Funeral Home of Shared Location)	
FUNERAL HOME LICENSE #:	
SHARED ESTABLISHMENT ADDRESS:	
TELEPHONE NUMBER & EMAIL:	

SECTION 2:

	YES	NO
IS THERE AN EXISTING FUNERAL HOME AT THIS LOCATION?		
IF THE ANSWER IS "YES", PLEASE PROVIDE THE CURRENT LICENSE NUMBER OF THE FUNERAL ESTABLISHMENT: <div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div></div></div>		
IF THE ANSWER IS "NO", APPLICATION FOR APPROVAL MUST BE MADE SEPARATE FROM THIS APPLICATION, FOR YOUR FUNERAL HOME (i.e., SOLE PROPRIETOR, RESTRICTED BUSINESS CORPORATION, PARTNERSHIP, etc.)		
ARE THE OTHER FUNERAL HOMES THAT WILL BE SHARING THIS ESTABLISHMENT PRESENTLY LICENSED AT OTHER LOCATIONS?		
IF THE ANSWER IS "YES", PLEASE PROVIDE THE CURRENT LICENSE NUMBERS OF EACH FUNERAL ESTABLISHMENT: <div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div></div></div> <div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div></div></div>		
IF THE ANSWER IS "NO", APPLICATION FOR APPROVAL MUST BE MADE SEPARATE FROM THIS APPLICATION, FOR EACH FUNERAL HOME (i.e., SOLE PROPRIETOR, RESTRICTED BUSINESS CORPORATION, PARTNERSHIP, etc.)		

SECTION 3:

PLEASE LIST THE NAMES, LICENSE NUMBERS AND EMPLOYING FUNERAL HOMES OF ALL FUNERAL DIRECTORS WHO ARE OR WILL BE WORKING IN THE SHARED ESTABLISHMENT.

NAME	LICENSE NUMBER	EMPLOYING FUNERAL HOME

SECTION 4:

STATEMENT OF RIGHT TO OCCUPY PREMISES

I, _____, OWN THE PREMISES AT
(name(s) of person(s) who will own the property where this license will be displayed)

AND THAT _____
(name of the funeral establishment as listed in Section 1 of this application)

HAS THE RIGHT TO OCCUPY THE PREMISES FOR THE PURPOSE OF CONDUCTING THE PRACTICE OF
FUNERAL DIRECTING.

SIGNATURE OF OWNER

DATE

SECTION 5: CERTIFICATION STATEMENT

BY SIGNING BELOW, I VERIFY THAT THIS FORM IS I THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S. §49.11.

ADDITIONALLY, I CERTIFY THAT THE STATEMENTS I THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND THAT I AM OF GOOD MORAL CHARACTER. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PANALTIES OF 18 Pa. C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND MAY RESULT IN THE SUSPENSION OR REVOCATION OF MY LICENSE OR CERTIFICATE.

LICENSEE(S) SIGNATURE(S)

DATE

LICENSEE(S) SIGNATURE(S)

DATE

LICENSEE(S) SIGNATURE(S)

DATE

SECTION 6:**PLEASE PROVIDE THE FOLLOWING DOCUMENTATION:**

	ITEM	CHECK IF ENCLOSED
1	CERTIFIED COPY OF THE SHARED PREMISES AGREEMENT (§13.108 OF THE FUNERAL BOARD REGULATIONS).	
2	SEPARATE FUNERAL HOME APPROVAL APPLICATIONS, IF REQUIRED.	
3	ARE YOU READY FOR INSPECTION? (PLEASE CIRCLE) YES OR NO IF NO, GIVE DATE WHEN YOU WILL BE READY _____	