



STATE OF WEST VIRGINIA
Board of Funeral Service Examiners
 179 Summers Street, Suite 319
 Charleston, WV 25301

(304) 558 0302
 (304) 558 0660 Fax
www.wvfuneralboard.com
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Personal Reference

I, _____, being first duly sworn, hereby certify that I have
(Reference's Name)
 known _____ for five years or longer, that I am not related
(Apprentice's Name)
 to the applicant and that I know him/her to be of good moral character and possessed of temperate habits.

Sincerely,

 Signature

 Address

 City, State, Zip

 Telephone

STATE OF WEST VIRGINIA

COUNTY OF _____, to wit:

Taken, subscribed and sworn to before me, a Notary Public, on this _____
 day of _____, 20____.

My commission expires _____.

Seal

 Notary Public