



# Crematory Operator Application

WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS

179 Summers Street, Suite 319  
Charleston, WV 25301  
304.558.0302

LICENSES ARE ISSUED BIENNIALLY, SET TO EXPIRE ON JUNE 30<sup>TH</sup>. FOR INSTANCE, IF YOU APPLY IN MAY YOUR LICENSE WILL BE ISSUED FOR ONLY 14 MONTHS. FEES CAN NOT BE PRORATED.

**If you make a false statement concerning any question on this application, you may be subject to disciplinary action including but not limited to revocation or suspension of your certificate. SUBMIT YOUR CERTIFIED CREMATORY OPERATOR TRAINING CERTIFICATE WITH APPLICATION**

### DEMOGRAPHIC INFORMATION: Please type or print.

Crematory Operator Name (Last, First, MI)	Social Security No.		
Mailing Address	Day Phone	Cell Phone	Home Phone
City-State-Zip	Employer		
County of Residence	Email		
Birthdate			

### EMPLOYMENT STATUS: check ALL that apply.

<input type="checkbox"/> Employee at a crematory	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Not employed at a crematory
<input type="checkbox"/> Owner of a crematory	<input type="checkbox"/> Other: _____	

### CHILD SUPPORT OBLIGATION:

Pursuant to W.Va. Code §48A-5A-5(c), each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct. If you refuse to answer the questions, your license will not be issued, resulting in your inability to practice.

1. Do you have a child support obligation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. If the answer to question 1, above, is YES, are you in arrearage (or behind in payment)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. If the answer to question 2, above, is YES, does your arrearage equal or exceed the amount of child support payable for 6 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are you the subject of a child support related subpoena or warrant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### CRIMINAL BACKGROUND:

1. Have you ever been convicted of a felony or a federal crime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are you currently charged with a felony crime, federal crime, or the equivalent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### SIGNATURE:

I \_\_\_\_\_ do hereby certify, under penalties of perjury and false swearing, that the above information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

**Do NOT separate application from stub. Return entire form and payment to the address below.**

State of West Virginia  
Board of Funeral Service Examiners

APPLICATION FEES: Attach the following fee to this application and mail to address listed below.		
Type	Due Date	Amount Due
Crematory Operator	Prior to practicing	\$150.00

Make check or money order payable to: "WVBFSE". Cash and credit card payments can not be accepted.

Name \_\_\_\_\_

**Mail ENTIRE FORM to:**  
Board of Funeral Service Examiners,  
179 Summers Street – Room 319  
Charleston, WV 25301

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