

IDAHO BOARD OF MORTICIANS
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Building #4 Boise ID 83714 or
PO Box 83720 Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: mor@dopl.idaho.gov

CHANGE OF RESIDENT MORTICIAN

Name of Funeral Establishment: _____

Funeral Establishment License Number: _____

Changing Resident Mortician from _____ to _____

New Resident Mortician License Number: _____

RESIDENT MORTICIAN AFFIDAVIT

I hereby certify under penalty of perjury that I am a resident of the state of Idaho and that I am in the employ or service of the above noted funeral establishment at the location noted on a full-time basis.

I understand that as the resident mortician according to Idaho Statute §54-1111 I will be the mortician responsible for the operation of an establishment shall maintain such records affecting the handling, custody, care, processing or transportation of human remains as may be required by the laws and rules of the state of Idaho and the board for all human remains received, prepared, cremated or otherwise disposed of by the establishment.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of Mortician

State of Idaho, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 ____.

(seal)

Notary Public Official Signature
My Commission Expires _____

AFFIDAVIT

Upon oath I certify that: (1) I am the owner or authorized representative of the applicant and its owners/representatives and am authorized to make this application on behalf of the applicant and to bind the applicant and its owners/representatives to every response and commitment made here in herein; (2) use in this application and affidavit of "I" or "my" or "me" shall, as the usage may require, refer to the applicant, its owners/representatives and to myself; (3) The responses and information provided in this application and in the accompanying addendum(s) and documentation are

true and correct to the best of my knowledge; (4) This application is signed on behalf of the applicant; (5) I have read and will conform to the Laws, Rules and ethical requirements governing the license or authority applied for or granted pursuant to this application; (6) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws, Rules or ethical requirements governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted pursuant to this application; (7) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate, incomplete or misleading; (8) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on the eligibility for or maintenance of the license or authority applied for or granted pursuant to this application and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; (9) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority applied for or granted pursuant to this application in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof; and (10) Every statement made and all information presented in this application and any addendum or other attachment submitted herewith is true and correct.

Signature of Owner(s) or Agent(s)

State of Idaho, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature

My Commission Expires _____