



State of Nevada  
**FUNERAL AND CEMETERY SERVICES BOARD**

3740 Lakeside Drive, Suite 201, Reno, Nevada, 89509  
Phone (775) 825-5535 \* Email [nvfuneralboard@fb.nv.gov](mailto:nvfuneralboard@fb.nv.gov)

## Request for Approval of Managing Funeral Director

### Information

Any funeral establishment or direct cremation facility wishing to approve a new managing funeral director or transfer a managing funeral director from one establishment to another must complete this form and submit with a check payable to the "Nevada Funeral and Cemetery Services Board" in the amount of \$225.

### Establishment Location Details

Name of Location:		Permit #:
Location Owned by:		
Physical Address:		
City:	State:	Zip Code:
Phone Number:	Fax #:	E-mail Address:
Mailing Address:		
City:	State:	Zip Code:
Current Approved Managing Funeral Director:		FD License #:

### Proposed New Managing Funeral Director Details

Name of New Managing Funeral Director:		FD License #:
Mailing address for Funeral Director:		
City:	State:	Zip Code:
Date Funeral Director will begin managing location:		Contact Phone #::

If Funeral Director manages other locations, please list them below::


**Declaration of Applicant**

I hereby declare under penalty of perjury, that I have the authority to complete this application and all of the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this application.

Signature of Authorized Representative

Date

Print Name

Title

Signature of Proposed New Funeral Director

Date

Print Name

**Credit Card Payment Information**

**Payment Method**



Amount:

\$

Name on Credit Card:

Credit Card Number:

Expiration Month/Year

**Billing Address**

Street Address:

City, State & Zip:

**Authorization**

Signature:

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***By providing my signature, I authorize payment in the amount of \$225 to the Nevada Funeral and Cemetery Services Board for the above Request for Approval of Managing Funeral Director.***

**For Board Use Only:**

Date Received: _____	Amount Paid: _____	Check Number: _____
Date License Issued: _____	License Number: _____	CC Auth Number: _____