

**EXEMPTIONS FOR DISABILITY OR ILLNESS  
for the  
THE KANSAS STATE BOARD OF MORTUARY ARTS**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

FUNERAL DIRECTOR # \_\_\_\_\_

EMBALMER # \_\_\_\_\_

Due to illness and/or disability, I am requesting that the Board of Mortuary Arts grant waivers of the minimum education requirements or extensions of time within which to fulfill the same or make the required reports.

Applicant's Signature \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Waivers of the minimum educational requirements may be granted by the Board for a period of time not to exceed twenty-four (24) months. In the event that the disability or illness upon which a waiver has been granted continues beyond the period of this waiver, the licensee shall apply for an extension of the waiver.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, SS

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

(County) \_\_\_\_\_