

**FUNERAL DIRECTOR IN CHARGE *TRANSFER* APPLICATION FOR A  
KANSAS BRANCH FUNERAL ESTABLISHMENT LICENSE**

**ROSTER APPLICATION**

**COMPLETE AND RETURN ALONG WITH A \$15.00 DUPLICATE LICENSE FEE WHEN APPLYING FOR A BRANCH FUNERAL ESTABLISHMENT LICENSE:**

Name of Branch Establishment (doing business as) as it appears on the license:

\_\_\_\_\_

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: **KANSAS** Zip+4: \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (if different than street address): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ FAX Number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Home/Web page address: \_\_\_\_\_

PLEASE NOTE: All limited partnerships & corporations must be duly registered with the Secretary of State and Registrar of Deeds for the appropriate county.

**Please check one:**

Corporation  Limited Partnership  Proprietorship  Partnership  Limited Liability Company

**If applicable, list the name as registered with the Secretary of State's Office:**

\_\_\_\_\_

**List all Owners or Corporate Officers with their appropriate titles:**

\_\_\_\_\_

Any affiliation with a national corporation/company?  Yes  No

**If yes, list national corporation/company name:** \_\_\_\_\_

**List the Main Funeral Establishment name and city:**

\_\_\_\_\_

**Effective Date:** \_\_\_\_\_

PLEASE LIST ALL LICENSED PERSONNEL EMPLOYED BY THIS BRANCH ESTABLISHMENT--Continued on the back side of this page:

<b>NAMES--Please list the funeral director in charge (FDIC) in the first line:</b>	<b>FUNERAL DIRECTOR NUMBER</b>	<b>ASSISTANT FUNERAL DIRECTOR NUMBER</b>	<b>EMBALMER NUMBER</b>
FDIC:			

NAMES (continued)	FUNERAL DIRECTOR NUMBER	ASSISTANT FUNERAL DIRECTOR NUMBER	EMBALMER NUMBER

ALL FEES PAID ARE NON-REFUNDABLE

This application is to be used when a change in the funeral director in charge of a branch funeral establishment will take place. Funeral establishments licenses are issued to funeral directors. Please indicate that you will be the funeral director in charge of this funeral establishment by signing and dating below:

\_\_\_\_\_  
Signature of Funeral Director in Charge

\_\_\_\_\_  
County where signed

\_\_\_\_\_  
Name (print) of Funeral Director in Charge

\_\_\_\_\_  
Today's date

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**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_  
License Number Issued: **BR-** \_\_\_\_\_  
Date License Issued: \_\_\_\_\_  
Date License and Receipt Mailed: \_\_\_\_\_

**Kansas State Board of Mortuary Arts**  
700 SW Jackson, Suite 904  
Topeka, KS 66603-3733  
phone: (785) 296-3980  
fax: (785) 296-0891  
email: [boma1@ks.gov](mailto:boma1@ks.gov)  
Web site: <http://ksbma.ks.gov>

\*\*\*\*Revised January 2020\*\*\*\*