

District of Columbia



Funeral Board License Application  
Supplemental Information Form

To Be Completed Only by Courtesy Card Holder Applicants

Name of Applicant \_\_\_\_\_

Social Security Number \_\_\_\_\_

1. Number of present Funeral Director's licenses \_\_\_\_\_. Check whether from Maryland  or Virginia .
2. It is hereby understood and agreed that if I am issued a Funeral Director's Courtesy Card in the District of Columbia, I will not advertise in, establish a place of business in, conduct funerals, solicit business, including writing nor have agents in the District of Columbia. Any violation of this agreement will be subject to revocation of my Courtesy Card.

\_\_\_\_\_  
Holder's Signature

3. State of \_\_\_\_\_ to witness:

I do solemnly swear that the statements contained in this application are true and that I am the identical person whose information is contained therein.

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

Subscribed and sworn to before me at \_\_\_\_\_, this day of \_\_\_\_\_, 20\_\_\_\_\_

(Notary Seal)

My commission expires on \_\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature

Please complete and return this form to:

Pearson VUE  
Dept. DC-FN  
Metro-Plex II, Suite 400  
8201 Corporate Drive  
Landover, MD 20785