

Applicant's Name: _____

SECTION B. TO BE COMPLETED BY AUTHORIZING PRENEED SELLER:

Funeral establishment or other individual, firm, partnership, company, corporation, or association:

Name Preneed Seller Registration Number

Mailing Address City State Zip Code

Telephone Number Facsimile Number Email for Approval Notification

I hereby affirm, under penalty of perjury, that the preneed sales agent applicant listed in this application is employed by our establishment and / or authorized to represent our establishment selling preneed funeral contracts.

Name of Establishment's Manager

Signature of Establishment's Manager

Date