



Printed Name of Licensee

Address

City, State, Zip

I, _____, License Number(s) _____, hereby advise the Tennessee Board of Funeral Directors and Embalmers that I wish to voluntarily surrender my license as a Funeral Director, Embalmer, or Funeral Establishment. [Circle all applicable license type(s)].

I understand that by doing so I give up the right to engage in the activity as a funeral director, embalmer, or funeral establishment in any way in the State of Tennessee. I further understand that surrender of this license unequivocally relinquishes any property right to engage in activity as a funeral director, embalmer, or funeral establishment.

Additionally, I understand that if I continue to operate as a funeral director, embalmer, or funeral establishment after the surrender of this license by submission of this form, I may be found to be in violation of Tennessee Code Annotated, Title 62, Chapter 5 and/or the rules of the Tennessee Board of Funeral Directors and Embalmers relating thereto.

I accept that change of licensure status will be effective as of the date received by the Board.

X _____
Affiant Signature

Sworn and subscribed before me this _____ day of _____ 20_____.

Notary Public Signature

My Commission Expires: _____