

**Office use only:**  
0605 41701 \$100 Application Fees Only

Oregon Mortuary and Cemetery Board  
800 NE Oregon Street, Suite 430  
Portland OR 97232-2195

www.oregon.gov/mortcem  
[mortuary.board@state.or.us](mailto:mortuary.board@state.or.us)  
971-673-1507 phone  
971-673-1501 fax

License #: \_\_\_\_\_

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**APPLICATION FOR: OREGON EMBALMER LICENSE  
& OREGON FUNERAL SERVICE PRACTITIONER LICENSE**

As part of your application for an initial or renewed occupational or professional license, certification, or registration issued by the Oregon Mortuary and Cemetery Board (Board), it is mandatory that you provide your Social Security Number (SS #). The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC § 405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your SS # will be a basis to refuse to issue or renew the license, certification, or registration. This record of your SS # will be used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your SS # appears on the face of the licenses, certificates, or registrations issued by the Board, your SS # will remain on file with the Board.

**I hereby apply for an Embalmer License and Funeral Service Practitioner (FSP) License** in Oregon according to the provisions of ORS 692.025, ORS 692.045, ORS 692.070, ORS 692.105, ORS 692.130, ORS 692.180, ORS 692.190, ORS 692.320 and OAR 830-011-0020(11-13) and submit the following information as evidence of my qualifications for such licensure:

**SECTION 1: Personal Information**

**Print Complete Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Have you ever used or been known by any other name(s)?** Yes / No If yes, list all names. Include aliases, maiden, married name(s): \_\_\_\_\_

**Birthplace** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
\*(A certified copy of applicant's birth certificate must accompany this application, but it can be returned *if requested*.)

**SS #** \_\_\_\_\_ **Drivers License # or ID # / State** \_\_\_\_\_

**Current Residential Address:** \_\_\_\_\_  
(Street) (City & State) (Zip)

**Personal Mailing Address:** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Home Cell** \_\_\_\_\_ **Work Cell** \_\_\_\_\_

**Personal email** \_\_\_\_\_ **Work email** \_\_\_\_\_

**Name printed on license:** \_\_\_\_\_

**Address to be printed on license (please check one):** ☐ Residential ☐ Mailing ☐ Facility (see page 4)  
(The address printed on your license becomes the mailing address of record. For facilities, the mailing address on file will be used.)

## **SECTION 2: Ten Year Residential Information**

You are REQUIRED to provide all RESIDENCES **within the last ten years** (including **current** residence). Please list below each residence along with the dates of residence. If necessary, please use a separate sheet of paper, including your name and signature.

| Dates (from-to) | Residential Street Address | City & State & Zip |
|-----------------|----------------------------|--------------------|
| _____           | _____                      | _____              |
| _____           | _____                      | _____              |
| _____           | _____                      | _____              |
| _____           | _____                      | _____              |
| _____           | _____                      | _____              |
| _____           | _____                      | _____              |
| _____           | _____                      | _____              |

## **SECTION 3: Ten Year Employment Information**

You are REQUIRED to provide **ALL FULL-TIME** and **PART-TIME** employment information **for the last ten years**. You must include: dates of employment, company name / address, your position, your supervisor's name and current telephone number. *If self-employed*, provide the dates of self-employment, your business name and address. *If unemployed*, provide dates of unemployment. Please use a separate sheet of paper if necessary and sign and date each supplemental page.

| Dates (from-to) | Business Name / Address | Position | Supervisor's Name & Phone # |
|-----------------|-------------------------|----------|-----------------------------|
| _____           | _____                   | _____    | _____                       |
| _____           | _____                   | _____    | _____                       |
| _____           | _____                   | _____    | _____                       |
| _____           | _____                   | _____    | _____                       |
| _____           | _____                   | _____    | _____                       |
| _____           | _____                   | _____    | _____                       |
| _____           | _____                   | _____    | _____                       |
| _____           | _____                   | _____    | _____                       |

## **SECTION 4: Qualifications**

Please read before completing each question, check box below; if any of the questions are unanswered, or if any of the check boxes are unmarked, the application is considered incomplete.

**1** Pursuant to OAR 830-011-0020(11), an applicant for an Oregon Embalmer and Oregon FSP licensure shall be deemed to have satisfied the respective apprenticeship requirement upon submitting satisfactory proof to the Board that the person has **practiced**, respectively, as an embalmer and a funeral service practitioner (funeral director) and was **licensed** in good standing, in this state or another state identified by the Board to have requirements substantially similar to Oregon, for a minimum of one year. Have you practiced as a licensed embalmer and funeral director for a minimum of one year? Yes / No: \_\_\_\_\_

If "Yes," in support of this statement, I am or will be submitting the following required documentation:

- ☐ Will be submitted: **Completed** is Licensing Certification/Verification form (**proof of licensed in good standing** from state(s) listed below).
- ☐ Will be submitted: **Completed** documentation (contact the Board for additional information) verifying that the applicant has been actively practicing for a minimum of one year (**proof of actively practicing**). This proof may be submitted in the form of letters from previous employers addressing the following: **a** Length of time employed (dates); **b** Duties, Responsibilities; and **c** Reason for termination or dismissal.

**OR**

- ☐ **Attached** Licensing Certification/Verification form (**proof of licensed in good standing** from state(s) listed below).
- ☐ **Attached** documentation (contact the Board for additional information) verifying that the applicant has been actively practicing for a minimum of one year (**proof of actively practicing**.) This proof may be submitted in the form of letters from previous employers addressing the following: **a** Length of time employed (dates); **b** Duties, Responsibilities; and **c** Reason for termination or dismissal.

State(s) of license: \_\_\_\_\_ Date licensed: \_\_\_\_\_

If "No," you may not qualify for a license. Please review ORS 692.140. If you need additional information, or have any questions, please contact the Board.

**2** Are you a graduate of an accredited school of Funeral Service Education? Yes / No: \_\_\_\_\_

If "Yes," provide name of school and date of graduation: \_\_\_\_\_

Note: The application for an embalmer license shall be accompanied by written evidence of graduation from an accredited program of funeral service education.

- ☐ **Attached** is written evidence of graduation from an accredited funeral service education program.

**3** Have you successfully passed the National Board Examination as administered by the International Conference of Funeral Service Examining Boards Inc (ICFSEB) or an equivalent examination written by the Conference? Yes / No: \_\_\_\_\_

If "Yes," applicant must present evidence of successfully passing funeral service arts and funeral service sciences. Please contact the International ICFSEB and request that certified scores be mailed to the Board office.

- ☐ **Attached** are certified scores from the ICFSEB.

## **SECTION 4: Qualifications cont'd**

If "No," applicant will be required to take and pass either the National Board Examination or the Oregon State Embalmer examination. Please contact the ICFSEB for the Embalmer exam schedule.

Date you intend to take either the Embalmer exam: \_\_\_\_\_

- 4 Embalmer applicants who meet the requirements set forth in OAR 830-011-0020(11) *may* be required to demonstrate competency by way of a practical examination at a time and place designated by the Board. Please contact the Board for additional details.

Date you intend to take the practical embalmer exam: \_\_\_\_\_

- 5 Do you have an associate degree or higher? Yes / No: \_\_\_\_\_ If "Yes," provide name of school and date of graduation: \_\_\_\_\_

Note: The application for an FSP license shall be accompanied by a certified copy of a transcript from a school accredited by a regional association of schools and colleges demonstrating completion of an associate degree or higher. *However*, if an FSP license applicant does not have a degree, he / she must provide proof of four years of experience as a licensed FSP or embalmer in any state, and who is and or was in good standing in that state(s), is considered to have met any educational requirement necessary to take the examination under ORS 692.070, pursuant to ORS 692.045(4).

- ☐ **Attached** is a certified copy of a transcript from a school accredited by a regional association of schools and colleges demonstrating completion of an associate degree or higher.

OR

- ☐ **Attached Proof** of four years of experience and proof of licensed in good standing as a licensed FSP (funeral director) or embalmer in any state. Completed Licensing Certification form will be attached or submitted to Board by state(s) for proof of licensed in good standing; a letter or other documentation verifying that the applicant has been actively practicing for a minimum of one year will be submitted (see Question 1 above).

- 6 FSP applicants who meet the requirements set forth in OAR 830-011-0020(11) shall be required to successfully complete a written examination (which requires an additional fee) and receive a score of not less than 75 percent, based on the total number of questions. Please contact the ICFSEB or the Board for additional information.

Date you intend to take the Oregon Laws, Rules and Regulations exam: \_\_\_\_\_

- 7 List any states in which you have ever held a license as an embalmer and funeral director and provide the status of each license:

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- 8 Provide name of Oregon licensed facility where you will be working:

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## **SECTION 5: Background Information**

### **PLEASE READ BEFORE ANSWERING THE QUESTIONS BELOW**

**You must answer completely and truthfully.** The mere presence of so-called “negative” information is not automatically disqualifying. The Board considers all mitigating and aggravating circumstances when making decisions on applications that contain criminal or civil history. However, false statements and misrepresentations, whether by omission or commission, and whether with intent or no intent, are cause for refusal to issue an OMCB License, Certificate or Registration. **The Board has denied applications that contain misrepresentations about criminal or civil action history.** The more forthright you are, the greater the likelihood your background will be completed in a timely and successful manner.

An “Arrest” means taken into police custody, or issued a citation to appear in court for a crime, or charged with committing a crime. A "Crime" includes a misdemeanor, felony or a military offense (**DUI / DUIL, DWS Misdemeanor and DWS Felony are criminal offenses.**) "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or receiving probation, a suspended sentence, or a fine. **If you have any questions, please contact Board Staff prior to completing and submitting this application.**

| QUESTIONS                                                                                                                                                                                                                                                                                                          |              |               | CIRCLE THE<br>CORRECT ANSWER |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|------------------------------|
| 1. Do you currently hold or have you <b>ever</b> held, or applied for, any type of occupational or professional license, certification, or registration or business license in Oregon or any other state or country. If yes, please list them below.                                                               |              |               | YES                          |
|                                                                                                                                                                                                                                                                                                                    |              |               | NO                           |
| Licensee / Applicant Name                                                                                                                                                                                                                                                                                          | License Type | State/Country | <b><u>Status</u></b>         |
|                                                                                                                                                                                                                                                                                                                    |              |               |                              |
|                                                                                                                                                                                                                                                                                                                    |              |               |                              |
| *2. Have you ever had any administrative, civil or criminal action taken against you, or your personal or business license, or had any such action initiated against you by <b>ANY</b> government entity including, but not limited to: municipal, county, state, tribal or federal / district courts or agencies? |              |               | YES                          |
|                                                                                                                                                                                                                                                                                                                    |              |               | NO                           |
| *3. Have you <b>ever</b> been arrested, charged or issued a citation for any offense / crime other than traffic violations?                                                                                                                                                                                        |              |               | YES                          |
|                                                                                                                                                                                                                                                                                                                    |              |               | NO                           |
| *4. Have you <b>ever</b> been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?                                                                                                                                                                       |              |               | YES                          |
|                                                                                                                                                                                                                                                                                                                    |              |               | NO                           |
| *5. Have you <b>ever</b> entered into a diversion agreement or placed on probation?                                                                                                                                                                                                                                |              |               | YES                          |
|                                                                                                                                                                                                                                                                                                                    |              |               | NO                           |
| *6. Do you have <b>any</b> ongoing criminal charges or civil legal matters that are currently unresolved?                                                                                                                                                                                                          |              |               | YES                          |
|                                                                                                                                                                                                                                                                                                                    |              |               | NO                           |

***\* If you answered yes to any questions #2 through #6, you must provide a signed, dated, written statement explaining the circumstances of each incident. You must sign, number and date the bottom of each supplemental page and / or document you provide. If applicable, you will need to provide a copy of any court documents, law enforcement reports, and citations for non-traffic violations.***

## **SECTION 6: Identification**

**Attach a color photo or print here. (Smaller than 3" x 5")**

(Please tape - do not staple photo to this sheet.)

Picture taken on or about \_\_\_\_\_, 20\_\_\_\_\_.

### **AFFIRMATIVE ACTION**

The Board is a health professional regulatory board as defined in ORS 676.160. Effective January 1, 2002, all health professional regulatory boards must maintain records of the racial / ethnic makeup of their applicants and licensees. Such boards must also endeavor to increase the representation of people of color and bilingual people on the boards and in the professions they regulate. Efforts to comply with these requirements must be reported to the Legislature on a biennial basis. Provision of the requested information is voluntary and not required. ORS 676.400(4). However, your voluntary cooperation will greatly assist the Board in its efforts to ensure universal access to high quality death care services in Oregon. This section does not appear in the renewal applications of those who have already provided racial and ethnic information.

**Race / Ethnicity** (Please mark the one box describing the race / ethnicity with which you identify.)

- ☐ **American Indian or Alaskan Native** (I) (Non-Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain a tribal affiliation or community attachment.
- ☐ **Asian** (A) (Non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **Black or African American** (B) (Non-Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- ☐ **Hispanic or Latino** (H): A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
- ☐ **Native Hawaiian or Other Pacific Islander** (P) (Non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White** (W) (Non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Two or more races** (T) (Non-Hispanic or Latino): Persons who identify with two or more racial categories named above.
- Languages: List languages, other than English, in which you are proficient, including sign language.

**Gender:**

☐ Male

☐ Female

**SECTION 7: Certification** Please **read** the following **before signing** in front of the Notary:

I understand that an applicant for a license or certificate must consent to a background check, including information solicited from the Department of State Police. ORS 692.025(8) I hereby acknowledge that the foregoing information may be used in accordance with ORS 692.025(8) which provides that all applicants for licenses must consent to a background investigation. The information solicited may be from the Department of State Police, Department of Motor Vehicles, credit information, previous employer interviews, and other sources.

I authorize the use of my SS # for obtaining necessary investigative background information.

I authorize an investigation of all statements made by me, and of my personal character, reputation and background which may include interviews of former employers, acquaintances and references, credit review, criminal record review, motor vehicle record review or other available information.

I understand that Embalmer applicants who meet the requirements set forth in OAR 830-011-0020(11), may be required to demonstrate competency by way of a practical examination at a time and place designated by the Board. Please contact the Board for additional information. This exam does require an additional fee.

I understand that FSP applicants who meet the requirements set forth in OAR 830-011-0020(11) shall be required to successfully complete a written examination and receive a score of not less than 75 percent, based on the total number of questions (which requires an additional fee). Please contact the Board for additional information.

I understand that once I have successfully met all requirements for licensure, I will be notified by the Board office to submit the required licensing fee(s).

I understand that on or before November 1 of each odd numbered year, the Board will mail to each licensed funeral service practitioner and embalmer a form containing notice that the renewal fee is due and payable. In order to renew your license, you must complete and return the renewal form with the applicable renewal fee by December 31st. If your renewal is postmarked after December 31st, you must include a reinstatement fee of \$50.00 per license. Failure to renew and pay all fees within 90 days of December 31st will result in a permanently lapsed license.

I understand that **any misrepresentation or omission of fact, with or without intent, on my application or supplementary background materials is cause for refusal to issue an Oregon License or Certificate.**

**I hereby declare that the information submitted on this application is true to the best of my knowledge and belief, and that I understand this application is made for use as evidence in court or a contested case hearing and is subject to penalty for perjury.**

Finally, I agree to comply with Oregon's Statutes and Administrative Rules pertaining to the Death Care Industry.

→ **Your Signature Must Be Notarized** ←

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

Before me personally appeared \_\_\_\_\_ who is known  
(Notary prints applicant's name)

to be the identical person who **signed** this application on this date \_\_\_\_\_, 20\_\_\_\_.

NOTARY SEAL

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(County / State)

## LICENSING CERTIFICATION

**Must be completed by State Licensing Board and mailed to:** Oregon Mortuary and Cemetery Board  
800 NE Oregon Street, Suite 430  
Portland OR 97232-2195  
971-673-1507 / 971-673-1501 fax

State of \_\_\_\_\_

This is to certify that \_\_\_\_\_ was issued the following license(s):  
Name of Applicant

### **Embalmer License**

Type of License \_\_\_\_\_ License Number \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration \_\_\_\_\_

Exam Average \_\_\_\_\_

Is license current? Yes \_\_\_\_\_ No \_\_\_\_\_

Apprenticeship Requirements, if any (Please provide the number of months, the number of hours per week and the number of embalmings required.)  
\_\_\_\_\_

As a licensee (or applicant), have they ever received a reprimand, warning, violation, suspension, revocation, fine (or denial)? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", for what reason? \_\_\_\_\_  
(Please attach information and pertinent documents.)

### **Funeral Service Practitioner License (Funeral Director)**

Type of License \_\_\_\_\_ License Number \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration \_\_\_\_\_

Exam Average \_\_\_\_\_

Is license current? Yes \_\_\_\_\_ No \_\_\_\_\_

Apprenticeship Requirements, if any (Please provide the number of months, the number of hours per week and the number of arrangements / dispositions required.)  
\_\_\_\_\_

As a licensee (or applicant), have they ever received a reprimand, warning, violation, suspension, revocation, fine (or denial)? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", for what reason? \_\_\_\_\_  
(Please attach information and pertinent documents.)

Official's Name (Please Print)

Official's Title

(STATE  
BOARD SEAL)

Official's Signature

Date

Please provide address and telephone number for State Board providing certification:

\_\_\_\_\_

\_\_\_\_\_



## OREGON EMBALMER LICENSE & OREGON FUNERAL SERVICE PRACTITIONER LICENSE INSTRUCTIONS

Pursuant to Oregon Administrative Rules (OAR) 830-011-0020(11), in lieu of meeting apprenticeship requirements, an applicant for Oregon funeral service practitioner or embalmer licensure is deemed to have satisfied the respective apprenticeship requirement upon submitting satisfactory proof to the Board that the person has practiced, respectively, as a funeral service practitioner or embalmer licensed in good standing in this state or another state identified by the Board to have requirements substantially similar to Oregon: For a minimum of one year. (12) Embalmer applicants who meet the requirements set forth in section (11) of this rule may be required to demonstrate competency by way of a practical examination at a time and place designated by the Board. (13) Funeral service practitioner applicants who meet the requirements set forth in section (11) of this rule must successfully complete a written examination and receive a score of not less than 75 percent, based on the total number of questions. (14) An applicant or licensee whose application for license has been denied or revoked or who voluntarily surrendered the license may not reapply for a minimum period of three years unless otherwise specified in a Board order denying, revoking or accepting a voluntarily surrender of the application or license.

The application is not considered complete until the following are received and validated in the Board office:

- ☐ **Application with fee, \$100.** Note: After successfully meeting all requirements for licensure, you will be notified by the Board office to submit the required licensing fee, \$160 or \$320.
- ☐ **Certified** copy of applicant's birth certificate (may be returned if requested in writing);
- ☐ **Satisfactory** proof of HS graduation OR equivalency OR satisfactory evidence of an equivalent.
- ☐ **Completed** is Licensing Certification/Verification form (proof of licensed in good standing from state(s) identified on application).
- ☐ **Completed** documentation (contact the Board for additional information) verifying that the applicant has been actively practicing for a minimum of one year (**proof of actively practicing**). This proof may be submitted in the form of letters from previous employers addressing the following: **a** Length of time employed (dates); **b** Duties, Responsibilities; and **c** Reason for termination or dismissal.
- ☐ **Certified** scores from the ICFSEB for National Board Exam and Oregon Laws, Rules, and Regulations Exam.
- ☐ **Certified** copy of a transcript from a school accredited by a regional association of schools and colleges demonstrating completion of an associate degree or higher.

### OR

- ☐ In lieu of degree, **proof** of four years of experience and licensed in good standing as a licensed FSP (funeral director) or embalmer in any state. Completed Licensing Certification form will be attached or submitted to Board by state(s) for proof of licensed in good standing; a letter or other documentation verifying that the applicant has been actively practicing for a minimum of one year will be submitted.
- ☐ **Military Separation Paper** if military service is one of the last three employers, showing beginning and ending dates for each term of active duty in the armed forces.

## **Embalmer**

It is strictly prohibited by Oregon Statute to practice as an embalmer until you are fully licensed or certificated as an embalmer apprentice. Only a licensed embalmer or embalmer apprentice may provide the necessary handling and preparation of human remains, e.g. washing, disinfecting, setting features, embalming, repair and supervising dressing. A licensed embalmer or embalmer apprentice must supervise and be responsible for the required sanitizing of the preparation room or holding room including, but not limited to, embalming tables, work surfaces, sinks, floors, instruments, and disposal of contaminated waste. A preparation room or holding room must be sanitized after the use of the room. Only a registered preneed salesperson or other funeral service licensee shall engage in prearrangement or preconstruction sales, if employed by a Certified Provider.

In order to qualify for an embalmer's license, you must pass either the Oregon State Embalmer's Examination or the National Board Examination administered by the International Conference of Funeral Service Examining Boards Inc. (ICFSEB). For more information, please contact ICFSEB <https://theconferenceonline.org/examinations/state-board-exam/> or phone: 479.442.7076) or the Board.

## **Funeral Service Practitioner (FSP)**

It is strictly prohibited by Oregon Statute to practice as a FSP until you are fully licensed or certificated as a FSP apprentice. An individual practices as a FSP if the individual for payment is engaged directly or indirectly in supervising or otherwise controlling the transportation, care, preparation, processing and handling of dead human bodies before the bodies undergo cremation, entombment or burial, or before the bodies are transported out of the State of Oregon. Only an FSP or FSP apprentice shall: (a) Work directly with at need persons to arrange for the disposition of human remains; and (b) Coordinate and direct the various tasks associated with performing funeral services for at need persons including but not limited to: taking all vital information on the deceased for the purpose of filing the death certificate; arranging for transportation of the remains; coordinating the services for final disposition; supervising or otherwise controlling the care, preparation, processing and handling of human remains. Only a registered preneed salesperson or other funeral service licensee shall engage in prearrangement or preconstruction sales, if employed by a Certified Provider.

An applicant for a FSP license shall be required to pass the Board's FSP examination as a means of providing satisfactory proof to the Board that the applicant has the requisite qualifications for licensing as a FSP in this state. Before being eligible to take the FSP exam, an applicant must provide to the Board's office written evidence of graduation from an associate or higher degree program\* OR proof of four years of licensed FSP or embalmer experience in this state or another state. (\*If only submitting written evidence, prior to becoming fully licensed as an FSP, the applicant must submit a certified copy of a transcript demonstrating graduation with an associate or higher degree from a school accredited by a regional association of schools and colleges.)

## **Exam Schedule**

ICFSEB will now be administering the Oregon State FSP Laws, Rules and Regulations Examination via a computer-based exam. For more information, please contact ICFSEB <https://theconferenceonline.org/examinations/state-board-exam/> or phone: 479.442.7076) or the Board.

*The mission of the Board is to protect public health, safety and welfare by fairly and efficiently performing its licensing, inspection and enforcement duties; by promoting professional behavior and standards in all facets of the Oregon death care industry; and, by maintaining constructive relationships with licensees, those they serve and others with an interest in the Board's activities. In order to protect the public, it is the Board's responsibility to insure that all of Oregon's death care facilities are properly licensed.*

*The Board is self-supporting and derives its financing from licensing, examination, and a portion of the death certificate filing fee (not the fees derived from the purchase of a certified copy of a death certificate).*

For additional information, please call the Board's Office Licensing Manager at 971-673-1507.