

This form should **NOT** be mailed to the New York State
Department of Health.

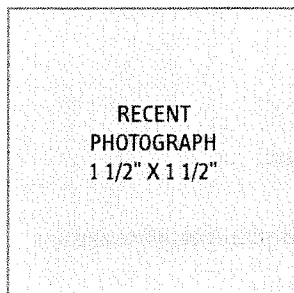
ALL students must submit the requirements set by NYSDOH.

1. New Funeral Director students should complete Section **A** in clear, error-free print using a black ink pen. All re-enrollees must complete Section **B**. **An AAMI Official will fill out Section C.**
2. Read the instructions carefully and gather any necessary supporting documents.
3. Make copies of your birth certificate and any name change documents.
4. Print, carefully complete, and mail the application to:

American Academy McAllister Institute of Funeral Service
RE: NYSDOH Requirement
1501 Broadway, Suite 705
New York, NY 10036

All questions can be sent directly to the Office of Enrollment Services at info@aami.edu.

Application for Registration as a Funeral Director Student



For Office Use Only

	Pend.	Rec'd
Reg. Fee		
Birth Cert.		
Marriage Cert.		
Report of Separation		
Alien		
Pocket Card No.		
Cash Line No.		

Section A To be completed by the first time applicant only

Name _____
Last First M.I.

Permanent Address _____
Street Address Apt. #
City State Zip County
Email Address _____

Telephone _____ Social Security No. _____ Date of Birth _____

U.S. Citizen ☐ Yes ☐ No If yes, provide copy of birth certificate or naturalization paper.
If NO, are you an alien lawfully admitted for permanent residence in the United States? ☐ Yes ☐ No If yes, provide copy of alien card.

Have you served in the Armed Forces? ☐ Yes ☐ No If yes, provide copy of discharge (member 4 copy).

Were you ever convicted of a violation of law? ☐ Yes ☐ No If "YES," attach copy of conviction indicating the disposition of the case.

Under the penalties of perjury, I affirm that the statements herein are true.

Signature of Applicant

Date

Section B To be completed by applicant who is resuming funeral service studies only

Name _____
Last First M.I.

Permanent Address _____
Street Address Apt. #
City State Zip
Email Address _____

Funeral service institution previously attended _____

Were you ever convicted of a violation of law? ☐ Yes ☐ No If "YES," attach a copy of conviction indicating the disposition of the case.

Under the penalties of perjury, I affirm that the statements herein are true.

Signature of Applicant

Date

Telephone

Section C To be completed by funeral service institution only

Name of funeral service institution _____

Dates of attendance: _____ / _____ / _____ to _____ / _____ / _____ Anticipated date of graduation _____ / _____ / _____

Signature of School Official _____ Date _____

Title _____

Section A To be Completed by the First Time Applicant

1. Paste a recent photograph of yourself, face only, in the space provided. Approximate size: 1-1/2" x 1-1/2" (passport size).
2. Attach a \$50 money order or bank check made payable to the **New York State Department of Health**.
3. Attach a copy of your birth certificate.
4. Veterans must attach copy of their separation papers (Member 4 papers).
5. If legal name has been changed, attach a copy of the Court Order directing such a change.
6. If registering under your marriage name, attach a copy of your marriage certificate.
7. If convicted of a violation of law (except for adjudications as a youthful offender or juvenile delinquent):
 - a. Attach a copy of conviction indicating the disposition of the case.
 - b. Attach a statement explaining the circumstances leading up to and including the incident, specifying the date, place and any other persons involved.
8. If not a citizen of the United States:
 - a. Attach a copy of the front and back of your alien card showing you are "lawfully admitted for permanent residency," or a copy of your naturalization papers.

Section B Instruction for Applicant Resuming Funeral Service Studies

1. Paste a recent photograph (same as Section A-No. 1)
2. If convicted of a violation of law (except for adjudications as a youthful offender or juvenile delinquent):
 - a. Attach a copy of conviction indicating the disposition of the case.
 - b. Attach a statement explaining the circumstances leading up to and including the incident, specifying the date, place and any other persons involved.

Section C To Be Completed by the Funeral Service Institution

The funeral service institution will complete the bottom portion of this application for either first time applicants or for the applicant resuming funeral service studies. Application and related items will be collected by the funeral service institution.

Do Not Mail This Application to the Bureau of Funeral Directing.