



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery, and Consumer Services
200 East Gaines Street
Tallahassee, FL 32399-0361

CRIMINAL HISTORY FORM

This form is to be used with applications for licensure or licensure renewal to provide details concerning criminal history. If applying for licensure renewal, a licensee is only required to disclose criminal offenses that occurred since initial licensure or the most recent licensure renewal, whichever is more recent. Any criminal record disclosed to the Department when the licensee applied for licensure or licensure renewal, is not required to be disclosed again at any subsequent renewal. Traffic infractions that are not criminal offenses are not required to be disclosed.

A separate Criminal History Form must be used for **EACH** criminal prosecution in which you plead guilty, were found guilty, or plead no contest.

Section 1. PERSONAL INFORMATION		
First name:	Middle initial:	Last name:
Date of Birth:		
Section 2. APPLICATION TYPE		
Type of Application:		
☐ Application for Licensure		
☐ Application for Licensure Renewal		
License Category: _____		
Current license number: _____		
Section 3. CRIMINAL PROSECUTION		
(a) Year criminal charge(s) were filed against you: _____		
(b) Name of Court: _____		
(c) Location of Court: _____		
State: _____		
County: _____		
Country: _____		
(d) Case number: _____		
(e) Type of crime:		
☐ Misdemeanor		
☐ Felony		
(f) The crime charged (e.g. larceny, embezzlement, unlicensed practice): _____		
(g) Select which applies:		
☐ Pled guilty		
☐ Pled no contest		
☐ Finding of guilt		

Date on which you pled guilty, pled no contest, or were found guilty: _____

If the date is within ten (10) years of the date you submit an application for licensure or licensure renewal, you must attach a certified copy of the court document evidencing the plea or finding, to the application.

(h) Year the crime was allegedly committed: _____

(i) What was the penalty imposed (e.g. one month in jail, fine of \$1000 and restitution): _____

(j) Have all sanctions imposed been satisfied (e.g. fines and restitution paid?): ☐ YES ☐ NO

(k) Enter any explanations or comments you desire the Board and Division to consider as to why issuance or renewal of the license would not create a danger to the public (attach additional pages as needed):

Do you have other criminal history to disclose? ☐ YES ☒ NO

If YES, enter them on a separate copy of this form and attach to your application.

Section 4. SIGNATURE

Pursuant to Section 497.159, F.S., the act of knowingly giving false information in the course of applying for or obtaining a license, with intent to mislead the board or a public employee in the performance of her or his official duties, or the act of attempting to obtain or obtaining a license by knowingly misleading statements or knowing misrepresentations, constitutes a felony of the third degree, punishable as provided in Sections 775.082, 775.083, or 775.084, F.S.

Signature of Applicant

Date Signed

Section 5. SOCIAL SECURITY NUMBER

Social Security Number: _____

Privacy Statement:

Pursuant to the Privacy Act of 1974, 5 U.S.C. Section 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under section 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is: mandatory pursuant to 42 U.S.C. Section 405. The purpose(s) for the requested information is that social security numbers collected will be used by the Department of Financial Services as follows: and the Board of Funeral, Cemetery and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. Your social security number is confidential and exempt from the disclosure requirements of section 119.07(1), F.S., and section 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under section 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by section 119.071(5)(a)3., F.S.