



Exam Integrity Declaration

Name of Candidate:	
Name of Sponsoring Funeral Home:	
Licensing Exam for:	
Name of Examiner:	
Exam Location:	

The exam is closed book – no additional resources are allowed unless pre-approved by AFSRB.

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- I confirm that I will keep the content of this examination confidential.
- I confirm that I have not received any unauthorized assistance in preparing for or writing this examination.
- I confirm that I will not access the Internet or any other unauthorized resource in the writing of this exam.

Candidate Signature (by signing my name here I affirm my agreement to the foregoing statements)

Date

_____ Examiner Initials