## **VERIFICATION OF MORAL/PROFESSIONAL CHARACTER**

## **Instructions**

Per license requirements, all applicants for licensure as crematory operator in Montana must submit <u>two</u> moral character references. Print out two copies of this page for signature by two references.

| CERTIFICATE OF MORAL CHARACTER REFERENCE  |                 |
|---|-----------------|
| To the Board of Funeral Service:  |                 |
| Applicant Name:   |                 |
| This certifies that I am personally acquainted with the applicant and that the applicant is of good moral and professional character; and that the applicant is worthy to be licensed as a crematory operator in the State of Montana, pursuant to law. |                 |
| Number of Years Has Known Applicant:  |                 |
| Relationship to Applicant:  |                 |
| Printed Name  | Legal Signature |
| Address   |                 |
| Phone Number  |                 |
| Additional Comments:  |                 |