WYOMING STATE BOARD OF FUNERAL SERVICE PRACTITIONERS

2001 CAPITOL AVENUE, ROOM 127 - CHEYENNE, WY 82002
https://fspboard.wyo.gov
(307) 777-3504

2026 FUNERAL ESTABLISHMENT PERMIT ANNUAL RENEWAL APPLICATION

PERMIT # _____

Your 2026 renewal form and fee of $200.00 must be **POSTMARKED BY FEBRUARY 1, 2026** in order for your permit to remain current. Any renewal **after** February 1, 2026 will be subject to a $200.00 late fee. Any renewal post-marked **after** March 2, 2026 will be returned unprocessed.

1. Responsible Funeral Service Practitioner (FSP)

PLEASE INITIAL TO CONFIRM THAT THE INDIVIDUAL LISTED BELOW IS THE RESPONSIBLE FSP FOR THIS ESTABLISHMENT. IF THE RESPONSIBLE FSP IS SOMEONE OTHER THAN THE INDIVIDUAL LISTED BELOW, PLEASE CONTACT THE BOARD OFFICE.	
	Initial _____

2. Legal Owner of Funeral Establishment

PLEASE PROVIDE THE LEGAL NAME OF THE PERSON OR ENTITY THAT OWNS THE FUNERAL ESTABLISHMENT AND INDICATE THE TYPE OF OWNERSHIP.		
Legal Owner/Business Name:		
Sole Proprietorship _____	**Partnership _____**	**Corporation or LLC _____**

3. Funeral Establishment Address Information

PHYSICAL ADDRESS OF ESTABLISHMENT			
	Name		
	Address		
	City	*State*	*Zip*
	Phone		
MAILING ADDRESS OF ESTABLISHMENT			
	Address		
	City	*State*	*Zip*
	Phone		

4. Signature

I verify by signing below that the information I have provided is accurate and that I have read the rules and regulations promulgated by the Wyoming State Board of Funeral Service Practitioners, and W.S. 33-16-501 through 537. Additional documentation will be provided upon request. Providing false information to the Board is a violation of the Board's rules and may be subject to enforcement action.

Signature of Applicant

Date