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

# Certification Of High School Graduation

*To certifying official: The person asking for this certification has applied for a license under Chapter 497, Florida Statutes. One of the requirements for issuance of the license is proof of high school graduation. If the precise date of graduation is not known, please provide month and year, or at least year. Please fill this out in ink and return it to the applicant, who will provide it to us. Thank you for your assistance in making this certification, and feel free to contact the Division for further information.*

This is to certify that graduated from the High School named below, on the following date: / / , and received or was eligible to receive a high school graduation diploma.

Name of High School:

City or County, and State, where high school is or was located:

Certification

I, the person signing below and making this certification, am a duly authorized official or employee of the high school, school board, or other state or local government agency which maintains the records of persons graduated from the above named high school.

Certifying official's signature: _____

Date signed: / /

Print official's name:

Phone number where certifying official may be contacted: ( ) -