



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
 Nellie M. Gorbea, *Secretary of State*

**Rules and Regulations Filing Form**

**1. Agency Name and Address**

Health, Department of

Cannon Building

**2. Title of Rule**

Rules and Regulations Pertaining to Embalmers, Funeral Directors, and Funeral Service Establishments

**3. Statutory Source of Authority**

Chapter 5-33.2 of the Rhode Island General Laws, as amended

**4. Concise Explanatory Statement - §42-35-2.3**

For the purpose of establishing prevailing standards for the licensure of embalmers, funeral directors, and funeral service establishments in Rhode Island

**5. Type of Filing**

Emergency Rules	
A1. Emergency 120-day initial - §42-35-3(b) <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment of ERLID: ". <input type="checkbox"/> Repeal of ERLID: Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):	A2. Emergency 90-day renewal - §42-35-3(b) <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment Indicate ERLID of 120-day initial:

Final Rules			
<input checked="" type="checkbox"/> B1. Amendment Supersedes ERLID: 4869	<input type="checkbox"/> B2. Adoption Repeals ERLID:	<input type="checkbox"/> B3. Repeal Expires ERLID:	<input type="checkbox"/> C. Technical Revision
If B1 or C, please indicate new, amended, deleted, or revised sections: Sections 1.14; 1.22; 1.28; 2.3; 2.4; 2.5; 2.6; 5.7; 5.8; 5.9; 5.10; 5.11; 5.12; 5.13; 5.14; 11.2; 13.13; Updated references; last filing in September 2007			

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-3(a)(1):04/11/2008  
 Date of Public Hearing - §42-35-3(a)(2):05/20/2008  
 End of Comment Period:06/03/2008

**7. Agency Additional Information - Web Page**

http://

**8. Certification**

*I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,*

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Title

\_\_\_\_\_  
 Notary Public  
 Subscribed and sworn before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_