

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency MS State Board of Funeral Service Person to contact Dolores Kenney
 Address 3010 Lakeland Cove Suite W Address 3010 Lakeland Cove, Flowood MS 39232
Flowood MS 39232 601-932-1973 Phone _____
 Transmittal date _____

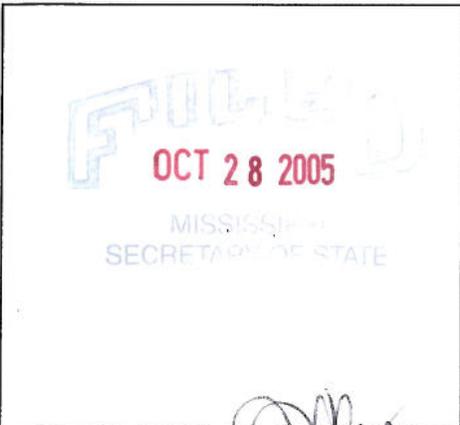
Copy attached: Yes No

Name or number of rule(s) .402 (2)

Terms or substance of the actions or description of the subject and issues:
Changes rule to allow 6 adult caskets or 24 cut casket panels in casket selction room

Printed name and title
 of person authorized to file rules: Dolores Killebrew-Kenney Executive Director
 Name Title
Dolores Kenney
 Signature

EMERGENCY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken _____ <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by _____	 Accepted for filing by <u><i>[Signature]</i></u>	Accepted for filing by _____

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI

Mississippi State Board of Funeral Service
Agency Name

Agency Division (Optional)

c/o
3010 Lakeland Cove
Suite W
Flowood MS 39232

Address
601-932-1973

Telephone Number
Funeral board @msbfs.state.ms.us

Email address

Specific Legal Authority authorizing the promulgation of Rule:

73-11-49 (7)
25-43-1 et. seq.

Reference to Rules repealed, amended or suspended by the Proposed Rule:

amended .402 (2)

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:

chanes rule to allow 6 adult caskets or 24 cut casket panels in casket selection room

Copy attached

This rule is proposed as a [X] Final Rule, and/or a [] Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

[] An oral proceeding is scheduled on this rule on Date: _____ Time: _____
Place: _____

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least ____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

[X] An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement: Check one box below:

[X] The agency has determined that an economic impact statement is not required for this rule, or

[] The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: 10-28-05

Proposed Effective Date of Rule: 11-22-05

Signature and Title of Person Submitting Rule for Filing