TWO (2) PRENEED REPORTS MUST BE ATTACHED FOR PROCESSING. PRENEED REPORTS MUST BE PRINTED FROM THE WEBSITE AT www.lsbefd.state.la.us. Renewals will not be processed without TWO (2) preneed reports and WILL be returned. TWO (2) <u>Preneed reports are required whether there</u> is preneed or no preneed; LA R.S. 37:865 D			
LOUISIANA STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS 3500 N. Causeway Blvd., Suite 1232, Metairie, LA 70002 504.838.5109 – fax 504.838.5112			
Renewal fee - \$700.00 PLEASE RETURN COMPLETED APPLIC ALL QUESTIONS MUST BE ANSWERE Licenses, by LAW, are required to be	D		
Legal Name of Funeral Es	tablishment:		
Print Name Exactly as it s	hould appear on License if other	than legal name:	
Establishment Name & N	1ailing Address	Location Address/Pa	rish:
Business Hours of Opera	tion:		
License Number:		PhoneNumber:	
Email:		Fax Number:	
Type of Establishment:	Individual: Corporation:	Partnership or Joint	Venture:
Show Changes in status,	if any:		
Name, Address & Phone	Number of Registered Agent:		
Licensed Personnel Fully E	mployed: List names and license	numbers	
Γrade employees, tempora	ary licensees, interns & student in	terns:	
State Board of Embalmers and as to the Requirements for a Fu	with requirements of LA revised statute 3 Funeral Directors and Part II, Prepaid Fun uneral Establishment License. Any chang nbalmers & Funeral Directors with full Dis	eral Services or Merchandise, e in ownership of the Funeral	Section 861 of Chapter 10 of title 37
Signature of Licensed Manager:			License Number:
	Date:		
FORM WILL BE RETURNED IF R	RTS MUST BE ATTACHED TO THIS RENEW RECEIVED WITHOUT TWO (2) PRENEED R G IN DELINQUENT CONSEQUENCES. PRE NEED INSTRUCTIONS ARE ALSO	EPORTS. RETURNED FORMS	