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 preneed reports and WILL be returned. Preneed reports are required whether there 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 APPLICATION WITH CORRECT FEE.

ALL QUESTIONS MUST BE ANSWERED

Licenses NOT renewed by December 31st shall be considered revoked.

Legal Name of Funeral Establishment:			
Print Name Exactly as it s	should appear on License if oth	ner than legal name:	
Establishment Name & Mailing Address		Location Address/Parish:	
Business Hours of Opera	tion:		
License Number:		PhoneNumber:	
Email:		Fax Number:	
Type of Establishment:	Individual: Corporation:	Partnership or Joint Vent	cure:
Show Changes in status,	if any:		
Name, Address & Phone	Number of Registered Agent:		
Licensed Personnel Fully E	mployed: List names and licer	nse numbers	
Trade employees, tempora	ary licensees, interns & studer	nt interns:	
State Board of Embalmers and as to the Requirements for a F	Funeral Directors and Part II, Prepaid	ute 37:842 (D) & Chapter 7 of the rules of the rules of the rules of the rules of the funeral section of the function	ion 861 of Chapter 10 of title 37
Signature of Licensed Manager: Date:			License Number:

** CAUTION: PRENEED REPORTS MUST BE ATTACHED TO THIS RENEWAL. PRINT THE FORM FROM THE WEBSITE AT www.lsbefd.state.la.us. THIS FORM WILL BE RETURNED IF RECEIVED WITHOUT A PRENEED REPORT. RETURNED FORMS COULD CAUSE THE RENEWAL TO BE DELINQUENT, WHICH SHALL REQUIRE A REINSTATEMENT TO INCLUDE A NEW APPLICATION, \$1500.00 FEE, ALL OF THE NECESSARY INSPECTIONS FROM THE FIRE DEPT., HEALTH DEPT, AND THIS BOARD. Refer to LA R.S. 37:865 D