



**Louisiana State Board of Embalmers  
and Funeral Directors  
New Orleans, LA**

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www.lsbefd.state.la.us  
Toll free: 888.508.9083

Date: \_\_\_\_\_

\_\_\_\_\_  
(Name of Applicant)

The individual listed above has applied for a license by reciprocity to practice embalming and/or funeral directing in the state of Louisiana. Please provide the following information.

Please list all states from which information for reciprocal licensing purposes has been requested on this application:

\_\_\_\_\_  
\_\_\_\_\_

Please advise address of applicant on date examination was taken:

\_\_\_\_\_  
\_\_\_\_\_

**REQUIREMENTS FOR LICENSURE IN YOUR STATE**

1. Academic Education: (HS, GED, College) \_\_\_\_\_
2. Length of Mortuary Course \_\_\_\_\_
3. Length of Internship (apprenticeship) \_\_\_\_\_
4. Type of Examination(s) -Embalmer \_\_\_\_\_ Actual Score \_\_\_\_\_  
Funeral Director \_\_\_\_\_ Actual Score \_\_\_\_\_
5. Who prepares the State Exam? \_\_\_\_\_
6. If National test was not taken, was the national examination offered at the time the license was issued? \_\_\_\_\_

**CERTIFICATION**

I, \_\_\_\_\_ (Name of Certifier), \_\_\_\_\_ (Job Title)

of the \_\_\_\_\_ (Name of Board), certify that \_\_\_\_\_

\_\_\_\_\_ (Name of Applicant) was granted embalmer/funeral director license number

\_\_\_\_\_ on the \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and that no disciplinary action has ever been taken

against the applicant and the license(s) has been renewed through the \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I

consider the applicant to be in good standing at this time.

*If disciplinary action has been taken, attach a copy of the Order or Decree and other relevant documents.*

**I HEREBY CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT BASED UPON THE RECORDS OF THE FUNERAL SERVICE BOARD IN THE STATE OF \_\_\_\_\_.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Executive Secretary/Official

**STATE SEAL**

\_\_\_\_\_  
Name of Board

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip