

**\*\*Before submitting this application, please confirm that this office has received your OFFICIAL exam scores from The Conference. Application will be returned until the OFFICIAL scores have been received.  
A Certified transcript must also be attached or provided to us from the mortuary school.**

# APPLICATION

Copy of High School Diploma,  
Transcript , or GED must be attached



I hereby make application to the  
LOUISIANA STATE BOARD OF EMBALMERS  
AND FUNERAL DIRECTORS  
STATE OF LOUISIANA

for an Embalmer and Funeral Director License in accordance with State Law and Board requirements

My name is: \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_ Date of birth is: \_\_\_\_\_

Physical Address \_\_\_\_\_

My mailing address is: \_\_\_\_\_  
Street or P. O. Box Number City State Zip Code

I graduated from \_\_\_\_\_ High School at \_\_\_\_\_

I successfully completed an accredited Mortuary Science program at: \_\_\_\_\_

(Name of Mortuary School, location, and date of graduation)

I hold license no. \_\_\_\_\_ issued by the State of \_\_\_\_\_ Date \_\_\_\_\_  
license no. \_\_\_\_\_ issued by the State of \_\_\_\_\_ Date \_\_\_\_\_

I took the National Board Exam at \_\_\_\_\_ Date \_\_\_\_\_

I have served one year internship under the following licensed embalmers:

| Name(s) and License number(s) | Name/address of Funeral Establishment |
|-------------------------------|---------------------------------------|
| _____                         | _____                                 |

**License application must be fully completed, notarized and returned with the required paperwork and fee.  
Questions which do not pertain to you should be answered "None" or "Not Applicable".  
Any application which is not fully completed will be returned to the applicant.**

I promise and agree that if this application is accepted and I should be granted a license to practice the science of Embalming and the business of Funeral Directing that I will at all times lead a temperate life, obey the laws of the State and the rules and regulations of the Louisiana State Board of Embalmers and Funeral Directors and the requirements of the Department of Health and Hospitals.

I also promise to maintain the honor and dignity of the profession. It is understood and agreed that if I should fail to keep the above agreements, or if I have made any false statements in the above application that my license may be suspended or revoked by the Board at any time.

I further acknowledge and agree that any separate statements which I may sign and present to the Board in connection with actual embalming experience or in regard to a reciprocal license or any other matter relative to an embalmer and funeral director's license are hereby made a part of this application.

Signature \_\_\_\_\_  
Full name of Applicant

Signed and Dated at

\_\_\_\_\_ City State

This the \_\_\_\_\_ day of \_\_\_\_\_  
Month/Year

State of \_\_\_\_\_

Parish of \_\_\_\_\_

Name \_\_\_\_\_ the above named person, personally known to me, signed the application in my presence and being duly sworn, he/she states that he/she read the above application and that the statements which he/she made therein are true to the best of his/her knowledge, information, and belief.

\_\_\_\_\_ My Commission expires \_\_\_\_\_  
Notary Public

**PLEASE NOTE:**

You must respond to the inquiry statement below by stating "YES" with an explanation or "NONE" if the statement does not apply:

**The applicant herein, under oath, and any person subscribing to this application in recommendation thereof, hereby certifies that the applicant has never been convicted of any felony, misdemeanor or other violation of law and is not now, nor has he/she ever been addicted to narcotics, alcohol, or other unlawful stimulants, except:**

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

Initials of Applicant: \_\_\_\_\_

Any discovered misstatements given herein will bring about the immediate cancellation of any license granted to the applicant.

\$250.00 Fee must be enclosed with application

**CERTIFICATES OF RECOMMENDATION**

**THIS IS TO CERTIFY** that I have been acquainted with \_\_\_\_\_  
the applicant named herein and I know him/her to be of good moral character and excellent reputation in the community,  
reliable and qualified as an applicant to be an applicant for an embalmer and funeral director's certificate.

State of \_\_\_\_\_

Parish of \_\_\_\_\_

Years acquainted \_\_\_\_\_

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
whose name appears opposite on this page,  
being sworn says: That the above statement  
that he/she signed is true to the best of his/  
her knowledge and belief.

\_\_\_\_\_  
Notary Public

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

My commission expires: \_\_\_\_\_

State of \_\_\_\_\_

Parish of \_\_\_\_\_

Years acquainted \_\_\_\_\_

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
whose name appears opposite on this page,  
being sworn says: That the above statement  
that he/she signed is true to the best of his/  
her knowledge and belief.

\_\_\_\_\_  
Notary Public

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

My commission expires: \_\_\_\_\_

State of \_\_\_\_\_

Parish of \_\_\_\_\_

Years acquainted \_\_\_\_\_

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
whose name appears opposite on this page,  
being sworn says: That the above statement  
that he/she signed is true to the best of his/  
her knowledge and belief.

\_\_\_\_\_  
Notary Public

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

My commission expires: \_\_\_\_\_

**Checklist of items to be submitted with this application:**

\_\_\_\_\_ Copy of high school transcript, diploma, or GED

\_\_\_\_\_ Certified copy of a transcript from an ABFSE accredited mortuary program

\_\_\_\_\_ Certified official scores from The Conference (these will be mailed directly from The Conference.)

These items may have been submitted or received already and are on file with this office. Please feel free to call and/or email to check the status of your paperwork on file.

BEFORE A LICENSE WILL BE ISSUED, all requirements MUST be met and all paperwork MUST be submitted prior or attached with the application.

DUE to our auditing policy, we cannot hold payments while waiting for delivery of paperwork being sent separately.

UPON verification of all necessary items required, every application is processed immediately and a license number issued.