

**NAME CHANGE
FUNERAL ESTABLISHMENT LICENSE APPLICATION
FEE - \$700.00**



LOUISIANA STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS

LEGAL NAME OF FUNERAL ESTABLISHMENT _____

NAME AS IT SHOULD APPEAR ON LICENSE _____

MAILING ADDRESS: _____

Street or P. O. Box Number City State Zip Code

LOCATION ADDRESS: _____

Street City State Zip Code

PHONE #: _____ **FAX #** _____ **E-MAIL** _____

BUSINESS HOURS OF OPERATION: _____

Person actively in charge of management _____ **License No.** _____

Name & Address of funeral homes owned and operated by applicant _____

TYPE OF ESTABLISHMENT:

1. () Individual: List name, address, license number and phone number _____

2. () Partnership or Venture: List all partners (name, addresses, license number & phone numbers) _____

**3. () Corporation or LLC: List names, addresses, license numbers and phone numbers of all shareholders:
(use separate sheet if necessary)**

Name, address and phone number of Registered Agent _____

1. NAMES & LICENSE NUMBERS OF LICENSED PERSONNEL FULLY EMPLOYED :

A. EMBALMERS: _____

B. FUNERAL DIRECTORS: _____

C. TRADE FUNERAL DIRECTORS and/or EMBALMERS: _____

D. INTERNS, WORK PERMIT HOLDERS (Names & Registration/Work Permit Numbers):

E. LICENSED PERSONNEL EMPLOYED PART TIME: _____

I certify that I have complied with requirements of LA R.S. 37:842 (D) and Rule 11 of the Rules and Regulations of the LA State Board of Embalmers and Funeral Directors and Part II, Prepaid Funeral Services or Merchandise, 37:861 as to the requirements for a funeral establishment license. Any changes in the ownership of the funeral establishment will be reported to the Louisiana State Board of Embalmers and Funeral Directors with full disclosure as to these changes. Please supply copy of occupational license and lease/act of sale for this location.

(Signature of Licensee)

(License Number)

Date _____

**ALL QUESTIONS MUST BE
ANSWERED**