

# LICENSE APPLICATION



I hereby make application to the  
LOUISIANA STATE BOARD OF EMBALMERS  
AND FUNERAL DIRECTORS  
STATE OF LOUISIANA  
3500 N. Causeway Blvd. Suite 1232, Metairie, LA 70002

for a **Funeral Director License**  
in accordance with State Law and Board requirements

My name is: \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

My mailing address is: \_\_\_\_\_

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

I received higher education as follows: \_\_\_\_\_  
(name of college or university – accredited by SACS or equivalent)

OR

I successfully completed a funeral director certification from an ABFSE accredited Mortuary/Funeral Service program at:

\_\_\_\_\_  
(Name of Mortuary/Funeral Service program, School, location, and date completion)

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

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

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

PLEASE CHOOSE an OPTION below regarding the wall certificate:

\_\_\_\_\_ Please hold my certificate, I prefer to pick up from the office.

\_\_\_\_\_ Please mail my certificate to the address above; **I understand that there is an additional fee of \$10.00 required for certified return receipt postage.** Please note that the address above must be correct and someone will need to be available for acceptance of the package.

I promise and agree that if this application is accepted and I should be granted a license to practice 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 funeral directing experience or in regard to a reciprocal license or any other matter relative to a 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

SEAL

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

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 misdemeanor, felony, or other violation of law and is not now, nor has he/she ever been addicted to narcotics, alcohol, or other unlawful stimulants, except \_\_\_\_\_

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

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**  
**License application must be fully completed, notarized and returned with the required paperwork and fees.**  
**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.**

**CERTIFICATES OF RECOMMENDATION (Three (3) are required)**

**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 for a funeral director's certificate.

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

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

\_\_\_\_\_  
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

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

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

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

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

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

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

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

\_\_\_\_\_  
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

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

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

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

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

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

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

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

\_\_\_\_\_  
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

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

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

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

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

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

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

- 1) \_\_\_\_\_ Copy of high school transcript, diploma or GED
  
- 2) \_\_\_\_\_ **Certified official** transcript from a SACS accredited or equivalent higher learning institution (if the college sends an email of the official transcript, it **MUST** come directly to the email of an office staff member. The email **MUST** be verified by this office.
  
- 3) \_\_\_\_\_ **Certified official** exam scores from The Conference (these will be received directly from The Conference to this office. Please call to verify that this office has received your scores.
  
- 4) \_\_\_\_\_ Internship affidavit (this affidavit is required upon completion of an internship. The affidavit is located upon the website under forms; miscellaneous.

- The first 3 items may have been submitted and/or received which may already be on file with this office. Please feel free to call and/or email to check the status of your documents on file.
- **BEFORE A LICENSE WILL BE ISSUED**; all requirements **MUST** be met and all documents **MUST** be submitted prior or attached with the application.
- **DUE to our auditing policy**, we cannot hold payments while waiting for delivery of items being sent separately. Applications will not be held and will be returned immediately based upon missing information and/or required items.
- Upon verification of the necessary requirements regarding the application, this form will be processed promptly.
- PLEASE READ THE APPLICATION THOROUGHLY! ANSWER ALL QUESTIONS AND STATEMENTS AS "YES" OR "NO". IF "YES", PLEASE PROVIDE AN EXPLANATION.

**YOU ARE ENCOURAGED TO CALL THE OFFICE WITH QUESTIONS IF YOU ARE UNSURE OF ANYTHING. WE WILL HELP GUIDE YOU THROUGH THE PROCESS.**

**YOU ARE ALSO ADVISED TO REVIEW THE REGULATIONS WHICH ARE LOCATED UPON OUR**