

****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.**

APPLICATION

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



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

for a 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 received higher education as follows: _____
(Name of College/University)

I hold license no. _____ issued by the State of _____ Date _____
license no. _____ issued by the State of _____ Date _____

I took a State Board Exam at _____ Date _____

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

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 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.

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 this 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 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: _____

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 a funeral director's certificate.

State of _____

Parish of _____

Years acquainted _____

Signed: _____

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.

Address: _____

_____ Notary Public

Date: _____

My commission expires: _____

State of _____

Parish of _____

Years acquainted _____

Signed: _____

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.

Address: _____

_____ Notary Public

Date: _____

My commission expires: _____

State of _____

Parish of _____

Years acquainted _____

Signed: _____

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.

Address: _____

_____ 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 a SACS accredited college or university

or

_____ Certified copy of a transcript from an accredited mortuary school funeral director
Certification program

_____ Certified official scores from The Conference (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.