



**Louisiana State Board of Embalmers  
and Funeral Directors**

*"SUGGESTED FORM"*  
**AFFIDAVIT AND COMPLAINT**

I, \_\_\_\_\_  
Please print

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Telephone Number Email address

of lawful age and being first duly sworn state:

1. I wish to file this Affidavit and Complaint with the Louisiana State Board of Embalmers and Funeral Directors against (licensees):

\_\_\_\_\_

2. That the date of the alleged incident(s) is on or about:

\_\_\_\_\_

3. The facts on which the complaint is based are as follows:

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

You may continue documenting additional pages, please attach accordingly.

---

**Signature of Complainant**

**Date**

Please attach any additional pages or appropriate information to be incorporated by reference.

Before me, the undersigned Notary Public, personally came and appeared \_\_\_\_\_

---

who, after being duly sworn, states that he/she has read the foregoing Affidavit and Complaint and knows the contents therefore; and that the same is true and correct to the best of his/her knowledge, information and belief.

(SEAL)

**SWORN TO AND SUBSCRIBED by me,**

**this \_\_\_\_\_ day of \_\_\_\_\_.**

**20\_\_\_\_, at \_\_\_\_\_.**

**State of the Notary**

---

**NOTARY PUBLIC**

Your contact information is very important. Please do not forget to add the necessary information that is requested on the first page of this form.

We will be in contact with you regarding this complaint.

You may fax this **notarized form** to 504-838-5112 or scan and email it to:  
Mr. R. DeMale Bowden, Jr., CFSP, CCSP at [rdbowden@lsbefd.state.la.us](mailto:rdbowden@lsbefd.state.la.us)

**\*\*\*Please note that complaints/affidavits that are not notarized cannot be accepted.**