



*The Louisiana State Board of Embalmers
And Funeral Directors*

3500 N Causeway Blvd. Suite 1232, Metairie, LA 70002
504.838.5109

Duplicate / Additional Certificate Application

§703. Duplicate Certificate

- A. **Any person holding a certificate issued by this board and desiring a duplicate thereof, may obtain same from the secretary of the board upon application accompanied by a fee as established by the board.** AUTHORITY NOTE: Adopted in accordance with R.S. 37:840. HISTORICAL NOTE: Adopted by the Department of Health and Human Resources, Board of Embalmers and Funeral Directors, August 1966, amended December 1970, amended LR 11:688 (July 1985), amended by the Department of Health and Hospitals, Board of Embalmers and Funeral Directors, LR 30:2821 (December 2004), amended by Department of Health, Board of Embalmers and Funeral Directors, LR 43: 1537 (August 2017).

Please complete the following: YOU MUST PROVIDE A VALID ADDRESS FOR DELIVERY. Certificates are mailed certified return receipt in a USPS approved mailing tube. Someone MUST be available to accept and sign for the delivery.

Name: _____ License #: _____

Mailing address: _____

Phone number(s): _____

Signature: _____

Please note how many certificates are to be ordered below:

Quantity:

_____ of duplicates @ **\$100.00 each** ; **Hold certificates for pick up** – please provide a phone number to be notified when ready

_____ of duplicates @ **\$100.00 each + \$15.00 certified return receipt postage for up to 3 certificates per tube and Mail certificates to the address noted above. \$15.00 fee is added for certified return receipt postage. ONLY 3 certificates @ \$100.00 each will be mailed together in one tube. If more than 3 certificates @ \$100.00 each are ordered, an additional \$15.00 will be added for certified return receipt mailing in an additional tube. When rolling more than 3 certificates together for placement in the tube can damage the certificates.**

Payments by a personal check will not be processed until the check transaction has cleared.

If remitting payment by credit/debit card, a \$3.00 processing fee will be applied

Name on card: _____ Card # _____

Exp. Date: _____ Security Code: _____

Please note:

Return this application and fee to the address above or if paying by credit/debit card, this application can be faxed to 504.838.5112 or scanned/emailed to hpenouilh@lsbefd.state.la.us or kmichel@lsbefd.state.la.us.

A duplicate certificate will be an original replication of the initial wall certificate with the exception of signatures by the original Board Members and Medical Director.

For name changes, please include a marriage certificate, divorce decree or other legal document regarding name change. Name changes cannot be made without proper legal documentation.

Certificates will NOT be mailed unless the required postage fee is paid.

ALL certificates to be mailed will be sent by certified return receipt postage for tracking purposes. PLEASE MAKE SURE THAT THE ADDRESS YOU PROVIDE IS A VALID ADDRESS AND THAT YOUR PACKAGE CAN BE DELIVERED.

This Board is not responsible for lost or undeliverable mail.

Please contact the office with any questions or assistance.