

Louisiana State Board of Embalmers and Funeral Directors

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Retort Operator

LICENSE RENEWAL APPLICATION - FEE: \$80.00 (if paying by credit/debit card a processing fee will apply)
PLEASE RETURN COMPLETED APPLICATION WITH CORRECT FEE.

NAME: _____

Telephone #: _____ Home/Cell #: _____

License #: _____

Signature: _____

LICENSES, BY LAW, ARE REQUIRED TO BE RENEWED BY May 15th.

Please note any change in information (address, etc.) here: _____

Payment information

Payment Information: Mastercard Visa Discover Debit Check

Card #: _____ Exp. Date: _____ SC/CV Code #: _____

Name as it appears on card:

Email address:

Handwriting MUST be neat and legible.

PAYMENTS - PLEASE READ THOROUGHLY

We accept; Mastercard, Visa, Discover and checks. **Credit Card/Debit Card information required: Name, Type of card, Card number, Expiration date and Security Code digits.**

NSF checks, a \$35.00 fee will be charged.

All transaction requests **MUST** be submitted in writing via email, fax or ground delivery - you will be notified if payment is rejected

NO PHONE TRANSACTIONS.

PLEASE MAKE SURE YOUR HANDWRITING IS NEAT AND LEGIBLE.

Renewals are required, by LAW, to be in the office on or before May 15th.

If you have any questions, concerns or suggestions, please feel free to contact us.

