

# TEMPORARY 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 an Embalmer and Funeral Director License and/or a Funeral Director License  
in accordance with State Law and Board requirements

**General Instructions and Important Notice:** Completion of this application form, seven (7) pages total, is necessary for consideration for licensure as an embalmer and funeral director in Louisiana, according to LA R.S. 37:831. **PLEASE RETURN ALL SEVEN (7) PAGES OF THIS APPLICATION.** Failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. *All candidates for initial licensure and renewal have a continuing obligation to update and supplement the information and responses on this application if they change.* Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application is subject to the public information laws of this jurisdiction with the exception of social security numbers, date of birth, grades from any tests or transcripts and telephone numbers.

Carefully follow the directions on this application form. In addition, please note the following;

- 1) Type or print legibly with black or blue ink only.
- 2) Disclosure of your U.S. social security number is mandatory. The social security number will be provided to the Department of Child and Family services to assist in the identification of persons who are delinquent in complying with a child support order, spousal support/alimony order or in the repayment of educational loans.
- 3) If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change, a copy of your marriage license, divorce decree, affidavit or court order.

Supporting Documentation and Fees checklist:

- \_\_\_\_\_ Temporary License application
- \_\_\_\_\_ Applicable fee - \$250.00 (please add \$15.00 if you choose the mail option, see below)
- \_\_\_\_\_ Temporary license permit fee - \$100.00 (non-refundable)
- \_\_\_\_\_ High school diploma, transcript or GED equivalent
- \_\_\_\_\_ Copy of transcript or diploma from the mortuary science program/school (program MUST be accredited by the ABFSE- American Board of Funeral Service Education)
- \_\_\_\_\_ Copy of license in good standing issued by another state, province, or jurisdiction recognized by this Board that has been issued for not less than 1 year. This Board will file a formal request for verification of the applicant's license with the state of licensure. It is the applicant's responsibility to verify if a fee is applicable to the state board of licensure and secure the payment so that verification can be made.
- \_\_\_\_\_ Certified copy of NBE or SBE or LRR scores sent directly from the ICFSEB. A copy will NOT be accepted. Applicant MUST contact The Conference to request scores be forwarded to this office.
- \_\_\_\_\_ Letter from the Louisiana employer stating the date employment begins.
- \_\_\_\_\_ Letter from your last out of state employer stating dates of employment and reason for leaving employ.
- \_\_\_\_\_ Two (2) notarized statements of two responsible persons attesting that applicant has not ceased the practice of the science of embalming/funeral directing not less than one year during the prior three (3) year period before submitting an application to the board for a license in Louisiana. (An example statement follows the application below).

**Applicant MUST have a licensed for at least one (1) year prior to submitting this application. Internships do not count for licensure status.**

Your application is NOT considered complete until all supporting documents and fees have been received by the Louisiana State Board of Embalmers and Funeral Directors. If required items are being forwarded directly from an entity listed above, please call or email this office for receipt verification. This office will NOT hold an application and fees while awaiting the delivery of requested items.

**DO NOT SUBMIT THIS APPLICATION UNTIL ALL DOCUMENTS HAVE BEEN VERIFIED AS RECEIVED OR THIS MAY RESULT IN THE RETURN OF THIS APPLICATION.**

**PLEASE CHOOSE an OPTION below regarding the wall certificate (dimensions are 14 x 17 and suitable for framing):**

\_\_\_\_\_ Please hold my certificate, I prefer to pick up from the Board's office.  
 Please include a telephone number below for notification that the certificate is ready for pick up.

\_\_\_\_\_ Please send my certificate to the mailing address below; **I understand that there is an additional fee of \$15.00 required for certified return receipt postage.** Please note that the mailing address below must be correct and a signature will be required for acceptance of the package.

**PART I: PERSONAL**

First Name		Middle Name		Last Name	
Social Security Number		Date of birth	Male ____ Female ____	Telephone / contact number	
Street Address	City	State	Zip		
Mailing Address	City	State	Zip		
Certificate to be mailed to: \$15.00 fee must be included					
Email					
Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change:					
Are you a U.S. citizen? ____ YES ____ NO					
If you answered no to the above, please specify if you are: a qualified alien (as defined in 8 U.S.C.A. §1641), a nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. §1101 et seq), an alien who is paroled into the United States under * U.S.C.A. §1182 (d)(5) for less than one year, a foreign national no physically present in the United States. If other, please explain:					

**PART II: EDUCATION – List the educational institutions attended that satisfy the educational requirement for licensure:**

High School/GED institution attended
Mortuary Science program attended accredited by the American Board of Funeral Service Education (ABFSE); Degree (official transcript required); date graduated;

**PART III: LICENSE IN OTHER JURISDICTIONS/STATES**

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

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

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

**PART IV: EXAMINATION INFORMATION**

Have you passed the National Board Exam (NBE) administered by The International Conference of Funeral Service Examining Boards (ICFSEB)? \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, Month and year passed: \_\_\_\_\_

**\*You must have a certified copy of your NBE results sent to this licensing agency directly from the ICFSEB.**

**PART V: PAST DISCIPLINARY ACTION**

Have you ever had any license to practice embalming, funeral directing, or any other regulated profession, revoked, suspended, fined, placed on probation, reprimanded, or otherwise disciplined by any regulator authority in this state or any other state of jurisdiction? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have any actions pending? \_\_\_\_\_ YES \_\_\_\_\_ NO

**PART VI: CRIMINAL HISTORY**

Have you ever been convicted of a misdemeanor or a felony in this or any other state, local jurisdiction, or any other foreign country, or are criminal charges currently pending against you? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, attach an explanation that included the type of violation, the date, circumstances and location and the complete penalty received. Also include copies of court documents, arrest records, verification of restitution received by the court and verification of successful completion of probation. You must include all misdemeanor and felony convictions regardless of the age of the conviction including those which have been set aside and/or dismissed. Traffic violations of \$500.00 or less need not be reported.


**PART VII: CERTIFYING STATEMENT**

I hereby certify under penalty of perjury that I have read this application in its entirety. The responses and attached materials I have provided are true and accurate to the best of my knowledge. I further certify that I am of good moral character and have reviewed and will at all times comply with all applicable state laws, rules and regulations governing the

license I am seeking to obtain. I hereby and direct any person, agency, firm, or other entity, to release upon request of the Louisiana State Board of Embalmers and Funeral Directors, any information, communication, report, record, statement, recommendation or disclosure that may have bearing on my eligibility for or continuance of the license for which I am applying. I understand that by signing this application, I am authorizing the release of information about me that may otherwise be protected and confidential.

Additionally, I understand and agree that any false information, misrepresentation, or omission of facts in this application and during the application process is cause for denial of this application.

Signature \_\_\_\_\_  
Full name of Applicant

Signed and Dated at

\_\_\_\_\_ City State

This the \_\_\_\_\_ day of \_\_\_\_\_  
Month/Year

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

Parish/County 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

Any discovered misstatements given herein will bring about the immediate cancellation of any license granted 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 an embalmer and funeral director and/or a funeral director's certificate. Each signature **MUST** be notarized.

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: \_\_\_\_\_

- Upon receipt and review of the above, a temporary license, which will be in effect for not less than three (3) months and no longer than six (6) months from issue date, will be granted.
- Please note – an individual working under a temporary license does not have the authority to manage a funeral home. Management of a funeral home MUST be with a Louisiana license.
- Please refer to the regulations on our webpage, specifically, LA R.S. 37:842 and Title 46, Chapter 7, 707. All of the requirements listed herein above are outlined within the regulations.
- **A temporary license holder MUST be employed with a Louisiana licensed funeral establishment.**
- **A Louisiana licensee can only practice if employed with a Louisiana licensed funeral establishment.**
- **An individual holding a Louisiana license and who is practicing outside of Louisiana does not have the authority to practice (hold services or burials) in Louisiana if the licensee is not employed with a Louisiana licensed funeral establishment. If this is the case, then it is required that a Louisiana licensed funeral establishment be contacted to handle or assist with services to be provided in Louisiana.**
- **Please refer to the regulations for further information.**

INFORMATION IS OUTLINED THOROUGHLY UPON OUR WEBSITE AND BY THE FREQUENTLY ASKED QUESTIONS.

YOU ARE RESPONSIBLE FOR REVIEWING AND FOLLOWING THE REGULATIONS WHICH ARE LOCATED UPON OUR WEBSITE.

**Please see below for the example of required statements; The form below may be utilized for the requirement – TWO (2) statements MUST be completed and submitted with application.**



**Statement 1** – This statement is based on LA R.S. 37:842. D. E.

\_\_\_\_\_ holds an active license from \_\_\_\_\_ and **has not ceased** the practice of:  
Name of applicant  
\_\_\_\_\_ the science of embalming and the profession of funeral directing

Or

\_\_\_\_\_ the profession of funeral directing

With said license for a period of not less than one (1) year during the prior three (3) year period.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

SWORN AND SUBSCRIBED BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public

Number: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**Statement 2** – This statement is based on LA R.S. 37:842. D. E.

\_\_\_\_\_ holds an active license from \_\_\_\_\_ and **has not ceased** the practice of:  
Name of applicant  
\_\_\_\_\_ the science of embalming and the profession of funeral directing

Or

\_\_\_\_\_ the profession of funeral directing

With said license for a period of not less than one (1) year during the prior three (3) year period.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

SWORN AND SUBSCRIBED BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public

Number: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

