

# LICENSE APPLICATION For Reinstatement



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

Please check one for reinstatement:

\_\_\_\_\_ Embalmer and Funeral Director License \_\_\_\_\_ Funeral Director License \_\_\_\_\_ Retort Operator License  
in accordance with State Law and Board requirements

**General Instructions and Important Notice:** Completion of this application form is necessary for reinstatement of a license. Reinstatement for a license as an embalmer and funeral director; funeral director or retort operator in Louisiana, according to LA R.S. 37:831. PLEASE RETURN ALL FOUR (4) 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. A licensee has 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:

\_\_\_\_\_ Application fee - \$250.00 *PAYMENT can be check, money order, cashier's check, credit/debit card – DO NOT SEND CASH*  
*Credit/debit card information needed: card number, expiration date and 3 digit security code on the back of the card.*

\_\_\_\_\_ Past fees – Please contact the Board's office for the total amount of fees to be paid.

Your application is NOT considered complete until all information and fees have been received by the Louisiana State Board of Embalmers and Funeral Directors.

**PART I: PERSONAL**

First Name		Middle Name		Last Name	
Social Security Number		Date of birth	Male <input type="checkbox"/>	Telephone / contact number	
			Female <input type="checkbox"/>		
Street Address		City	State	Zip	
Mailing Address		City	State	Zip	
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? <input type="checkbox"/> YES <input type="checkbox"/> 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 not physically present in the United States. If other, please explain:					

**PART II: 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 III: 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any actions pending? <input type="checkbox"/> YES <input type="checkbox"/> NO

**PART IV: 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 VI: 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.

