



**LOUISIANA STATE BOARD OF EMBALMERS  
AND FUNERAL DIRECTORS  
3500 N. Causeway Blvd. Suite 1232, Metairie, LA 70002  
504.838.5109**

**FUNERAL ESTABLISHMENT LICENSE APPLICATION**

**For a  
Name Change**

**FEE: \$700.00**

The following documents MUST be submitted with this application and fee: **(copies only (NOT originals))**

- ( ) Copy of Articles of Incorporation, if this license is for a corporation with changes, if applicable
- ( ) Copy of Articles of Organization, if this license is for a limited liability company with changes, if applicable
- ( ) Copy of Agreement, if this license is for a partnership or venture with changes, if applicable
- ( ) Copy of the Certificate of Occupancy *(This is NOT the same as an Occupational License)*  
*A certificate of occupancy allows one to occupy the building/premises / An occupational license allows one to conduct the occupation of business and it accounts for the taxes to be paid.*

**\*\*PLEASE DO NOT SUBMIT THIS APPLICATION UNLESS ALL DOCUMENTS HAVE BEEN FINALIZED AND ARE ATTACHED.**

**Upon completion of this application, please return all four (4) pages plus fee.**

**Please contact the office with any questions or assistance.**

LEGAL NAME OF FUNERAL ESTABLISHMENT: \_\_\_\_\_

NAME AS IT SHOULD APPEAR ON LICENSE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street or P.O. Box Number City Zip/Postal Code

LOCATION ADDRESS: \_\_\_\_\_  
If different from above Street City Zip/Postal Code

Business phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

BUSINESS HOURS OF OPERATION: \_\_\_\_\_

1. Is this establishment owned by (check one): \_\_\_ Individual \_\_\_ Partnership \_\_\_ L.L.C. \_\_\_ Corporation

A. If individual, give name and address: \_\_\_\_\_

B. If a partnership or venture, list names and addresses of partners and their proportionate share of interest in the partnership or venture:

Add additional pages as necessary

C. If a corporation or L.L.C., complete the following:

I am making this application for the (Name of Corporation or LLC.) \_\_\_\_\_

of which I am a registered agent and my affiliation is: \_\_\_\_\_

(Name and address of Registered Agent)

SHAREHOLDERS/MEMBERS:                      Number of shares outstanding \_\_\_\_\_

Name	Address	% of shares owned
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional sheet if needed)

**D. NAMES & ADDRESSES OF OTHER FUNERAL ESTABLISHMENTS OWNED AND OPERATED BY APPLICANT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use additional sheet if needed)

**2. NAMES & LICENSE NUMBERS OF PERSONNEL:**

**A. EMBALMERS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. FUNERAL DIRECTORS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. TRADE EMBALMERS and/or FUNERAL DIRECTORS:** \_\_\_\_\_

\_\_\_\_\_

I certify that I have complied with the requirements of Louisiana Revised Statutes 37:842 (D) and Chapter 11 of the Rules and Regulations of the Louisiana State Board of Embalmers and Funeral Directors as to the requirements for a funeral establishment license.

\_\_\_\_\_  
Signature of License Manager & License Number

\_\_\_\_\_  
Date

Signed and Dated at:

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

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

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

Parish of \_\_\_\_\_.

Name \_\_\_\_\_ the above named person, personally known to me, signed this application in my presence and being duly sworn, he/she states that he/she has 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.

\_\_\_\_\_  
Notary name Number

My commission expires: \_\_\_\_\_.