



**LOUISIANA STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS**  
**3500 N. Causeway Blvd., Suite 1232,**  
**Metairie, LA 70002**  
**504.838.5109 – fax 504.838.5112**

Renewal fee - \$700.00

**PLEASE RETURN COMPLETED APPLICATION WITH CORRECT FEE.**

**License MUST be renewed on or before May 15 or penalties may be incurred.**

Legal Name of Crematory Authority: \_\_\_\_\_

Print Name Exactly as it should appear on License if other than legal name:

\_\_\_\_\_  
Crematory Authority Name & Mailing Address

\_\_\_\_\_  
Location Address/Parish:

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

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

Email: \_\_\_\_\_

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

Type of Establishment: Individual: Corporation Partnership or Joint Venture:

Indicate any changes, if any; \_\_\_\_\_

\_\_\_\_\_  
Name/Address/telephone number of registered agent; \_\_\_\_\_

\_\_\_\_\_  
Licensed personnel; list names and license numbers for retort operators; \_\_\_\_\_

\_\_\_\_\_  
I certify that I have complied with the requirements of LA R.S. 37:873 and Chapter 7 of the rules and regulations of the Louisiana State Board of Embalmers and Funeral Directors. Any changes in ownership of the Crematory Authority shall be reported to the Louisiana State Board of Embalmers and Funeral Directors as to these changes.

\_\_\_\_\_  
Signature of Crematory Authority legal representative

\_\_\_\_\_  
License Number(s) (retort operator / E / U numbers)

Date \_\_\_\_\_