



Renewal Fee: \$700.00

**LOUISIANA STATE BOARD OF EMBALMERS & FUNERAL DIRECTORS
3500 N. Causeway Blvd., Metairie, LA 70002**

**Please return completed application with correct fee
All questions MUST be answered
Licenses not renewed by May 15 shall be considered revoked**

Legal Name of Crematory: _____

Print name exactly as it should appear on license of other than legal name:

Crematory Name & Mailing Address:

Location Address/Parish:

License Number: _____ Phone Number: _____ Fax _____

Email: _____

Type of Establishment: Individual _____ Corporation _____ Partnership/Joint venture _____

Show changes in status, if any: _____

Name/Address/phone number of registered agent: _____

Licensed personnel fully employed: List names & license numbers; Retort Operators: _____

I certify that I have completed 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 will be reported to the Louisiana State Board of Embalmers and Funeral Directors as to these changes.

Signature of Crematory authority legal representative: _____

Date: _____

