



FUNERAL HOME NOTIFICATION OF FUNERAL DIRECTOR EMPLOYEE(S)

State Form 56179 (R / 8-18)

STATE BOARD OF FUNERAL AND CEMETERY SERVICE
 PROFESSIONAL LICENSING AGENCY
 402 West Washington Street, Room W072
 Indianapolis, Indiana 46204
 Telephone: (317) 234-3031
 E-mail: pla12@pla.in.gov
www.pla.IN.gov

SECTION A FUNERAL HOME INFORMATION	
Name of funeral home	License number
Address (number and street, city, state, and ZIP code)	
Telephone number ()	E-mail address

SECTION B FUNERAL DIRECTORS TO BE ADDED TO THE FUNERAL HOME EMPLOYMENT RECORD				
NAME OF FUNERAL DIRECTOR(S)	LICENSE NUMBER(S)	Check here if Manager.	EFFECTIVE DATE (month, day, year)	Should the Previous Funeral Home be Deleted?
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C FUNERAL DIRECTORS TO BE REMOVED FROM THE FUNERAL HOME EMPLOYMENT RECORD		
NAME OF FUNERAL DIRECTOR(S)	LICENSE NUMBER(S)	EFFECTIVE DATE (month, day, year)

Signature of funeral home manager	Date signed (month, day, year)
Printed name of funeral home manager	