



FUNERAL DIRECTOR / FUNERAL DIRECTOR INTERN NOTIFICATION OF EMPLOYMENT STATUS

State Form 54982 (R2 / 1-15)

STATE BOARD OF FUNERAL AND CEMETERY SERVICE
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204-2724
Telephone: (317) 234-3031
E-mail: pla12@pla.IN.gov
Website: www.IN.gov/pla

INSTRUCTIONS:

1. File this form anytime there is a change of employment or change of funeral home manager.
2. Mail or e-mail completed form to the address noted at the upper right corner of the form.

SECTION A FUNERAL DIRECTOR / FUNERAL DIRECTOR INTERN INFORMATION	
Name of funeral director / funeral director intern	License number
Address (number and street, city, state, and ZIP code)	
E-mail address	Telephone number ()

SECTION B FUNERAL HOME PREVIOUSLY EMPLOYED	
☐ Check here if you are/were managing this funeral home. ☐ Check here if this section does not apply.	
Name of funeral home	License number
Address (number and street, city, state, and ZIP code)	
E-mail address	Telephone number ()

SECTION C FUNERAL HOME YOU WILL BE EMPLOYED	
☐ Check here if you are/will be managing this funeral home. ☐ Check here if you are not currently employed by a funeral home.	
Name of funeral home	License number
Address (number and street, city, state, and ZIP code)	
E-mail address	Telephone number ()

Signature of funeral director / funeral director intern	Date (month, day, year)
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